Baumann Insurance Agency, Inc.

Insurance Policy Cancellation

Canoga Park, California

Insurance Company:	Today's Date:
Name of Insured:	
Policy Number(s):	
Cancellation date: at 12:01 a.m.	
To Baumann Insurance Agency, Inc.:	
Please cancel the insurance policy or policies as indicate	ed above on the date specified.
I understand that you may contact me for verification of	f my cancellation request.
Sincerely,	
Signature:	
Print name:	
Please mail, fax, or email this form to:	
Baumann Insurance Agency, Inc.	
6800 Owensmouth Ave., Suite 250 Canoga Park, California 91303	

Fax: 818-704-9820

Email: Colleen@baumanninsurance.com