

Fairfield Insurance Group LLC

Fairfield, CT

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

Cancellation date: _____ at 12:01 a.m.

To Fairfield Insurance Group LLC:

Please cancel the insurance policy or policies as indicated above on the date specified.

I understand that you may contact me for verification of my cancellation request.

Sincerely,

Signature: _____

Print name: _____

Please mail, fax, or email this form to:

Fairfield Insurance Group LLC
210 Lenox Road
Fairfield, CT 06825

Fax: 203-745-0353

Email: johnnguys@gmail.com