

# Clauss Bovard Man Levy Nogi Insurance

## Insurance Policy Cancellation

Olyphant, PA

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To Clauss Bovard Man Levy Nogi Insurance:

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:

Clauss Bovard Man Levy Nogi Insurance  
134 Delaware Avenue  
Olyphant, PA 18447

Fax: 570-489-7113

Email: [chris@claussbovard.com](mailto:chris@claussbovard.com)