

B-Safe Insurance Services Inc

West Palm Beach, Florida

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To B-Safe Insurance Services Inc:

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:

B-Safe Insurance Services Inc
4772-A Okeechobee Blvd
West Palm Beach, FL 33417

Fax: 561-697-2966

Email: maggielsafe@gmail.com