

**Moore-Terihay Agency Inc.**

Brandon, Florida

**Insurance Policy Cancellation**

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

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

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

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

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

To Moore-Terihay Agency 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:

Moore-Terihay Agency Inc.  
1315 Providence Road  
Brandon, FL 33511

Fax: 813-661-2935

Email: [service@mtiagency.com](mailto:service@mtiagency.com)