

**Harbor Insurance Group, Inc.**

St. Petersburg, Florida

**Insurance Policy Cancellation**

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

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

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

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

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

To Harbor Insurance Group, 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:

Harbor Insurance Group, Inc.  
810 63rd Avenue N  
St. Petersburg, Florida 33702

Fax: 727-528-2241

Email: [info@harborins.net](mailto:info@harborins.net)