

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