

**Pontell Insurance and Financial Group, Inc.**

**Insurance Policy Cancellation**

Oviedo, Florida

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

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

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

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

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

To Pontell Insurance and Financial 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:

Pontell Insurance and Financial Group, Inc.  
1484 Tuskawilla Road  
Oviedo, Florida 32765

Fax: 407-696-1380

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