

Synergy Insurance Group, Inc.

Sunrise, Florida

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Synergy 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:

Synergy Insurance Group, Inc.

7771 W Oakland Park Blvd

Suite #122

Sunrise, FL 33351

Fax: 954-742-7757

Email: info@synergyins.net