

**Hummel Insurance Group - Vevay**

Vevay, Indiana

**Insurance Policy Cancellation**

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

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

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

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

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

To Hummel Insurance Group - Vevay:

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:

Hummel Insurance Group - Vevay  
415 Ferry Street  
Vevay, Indiana 47043

Fax: 812-427-3418

Email: [tpavy@hummelinsurancegroup.com](mailto:tpavy@hummelinsurancegroup.com)