

Edmondson, Lenard & Associates

Sugar Land, Texas

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Edmondson, Lenard & Associates:

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:

Edmondson, Lenard & Associates
13313 Southwest Fwy, Suite 255
Sugar Land, Texas 77478

Fax: 877-470-4717

Email: service@elatx.com