

# Skene Valley Group

Whitehall, New York

## Insurance Policy Cancellation

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

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

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

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

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

To Skene Valley Group:

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:

Skene Valley Group  
76 County Route 18  
Whitehall New York 12887

Fax: 518-499-0422

Email: [skeneagy@verizon.net](mailto:skeneagy@verizon.net)