

The Evarts Tremaine Flicker Company

Cleveland, Ohio

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To The Evarts Tremaine Flicker Company:

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:

The Evarts Tremaine Flicker Company
1100 Chester Ave, Ste 300
Cleveland, Ohio 44115

Fax: 216-621-4755

Email: information@etfco.com