

# Flury-Hinderks Insurance Agency

Leawood, Kansas

## Insurance Policy Cancellation

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

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

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

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

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

To Flury-Hinderks Insurance Agency:

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:

Flury-Hinderks Insurance Agency  
4601 College Boulevard Suite 120  
Leawood, Kansas 66211

Fax: 913-345-9905

Email: [info@fhins.com](mailto:info@fhins.com)