

**Vladika Insurance**

Jermyn, Pennsylvania

**Insurance Policy Cancellation**

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

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

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

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

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

To Vladika Insurance:

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:

Vladika Insurance  
649 Washington Avenue  
Jermyn, PA 18433

Fax: 570-876-5916

Email: [vladikains@aol.com](mailto:vladikains@aol.com)