

**Insurance Offices Texas**

Houston, Texas

**Insurance Policy Cancellation**

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

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

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

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

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

To Insurance Offices Texas:

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:

Insurance Offices Texas  
211 Highland Cross Drive  
Houston TX 77073

Fax: 281-443-2700

Email: [mail@iotx.com](mailto:mail@iotx.com)