

**Prutting Insurance Group, Inc.**

Scottsdale, Arizona

**Insurance Policy Cancellation**

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

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

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

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

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

To Prutting Insurance Group, Inc.:

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:

Prutting Insurance Group, Inc.  
8889 East Bell Road #201  
Scottsdale, Arizona 85260

Fax: 480-718-7406

Email: [tony@480insurance.com](mailto:tony@480insurance.com)