

Old Kentucky Insurance, Inc.

Louisville, Kentucky

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Old Kentucky Insurance, 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:

Old Kentucky Insurance, Inc.
915 Lily Creek Rd
Louisville, KY 40243

Fax: 502-451-8866

Email: oki@oldkyins.com