

Paradigm Insurance Agency

Henderson, Nevada

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Paradigm 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:

Paradigm Insurance Agency
170 S Green Valley Pkwy Ste. 300
Henderson, Nevada 89012

Fax: 702-425-9853

Email: jsidor@paradigminsuranceagency.com