

# Members Insurance Center

Tampa, Florida

## Insurance Policy Cancellation

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

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

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

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

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

To Members Insurance Center:

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:

Members Insurance Center  
6810 E Hillsborough Ave  
Tampa, Florida 33610

Fax: 813-622-6449

Email: [membersinsurance@floridamic.org](mailto:membersinsurance@floridamic.org)