

# Gateway Insurance

Vacaville, California

## Insurance Policy Cancellation

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

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

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

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

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

To Gateway Insurance:

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:

Gateway Insurance  
1990 Alamo Dr Ste 1  
Vacaville, CA 95687

Fax: 707-446-3264

Email: [quote@gatewayinsurance.com](mailto:quote@gatewayinsurance.com)