

# Whitesides & Company, Inc.

Gastonia, North Carolina

## Insurance Policy Cancellation

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

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

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

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

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

To Whitesides & Company, 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:

Whitesides & Company, Inc.  
1355-C East Garrison Blvd  
Gastonia, NC 28053

Fax: 704-864-7736

Email: [website@whitesidesinsurance.com](mailto:website@whitesidesinsurance.com)