

# Englade Boudreaux Waguespack Insurance

Lutcher, Louisiana

## Insurance Policy Cancellation

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

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

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

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

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

To Englade Boudreaux Waguespack 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:

Englade Boudreaux Waguespack Insurance  
1891 Cabanose Ave  
Lutcher, LA 70071

Fax: 225-869-3524

Email: [WeCanHelp@ebwins.com](mailto:WeCanHelp@ebwins.com)