

**Insurance Network of Louisiana**

Baton Rouge, Louisiana

**Insurance Policy Cancellation**

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

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

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

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

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

To Insurance Network of Louisiana:

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:

Insurance Network of Louisiana  
4606 Bluebonnet Blvd.  
Baton Rouge, LA 70809

Fax: 225-293-4090

Email: [carl@lainsurance.net](mailto:carl@lainsurance.net)