



## Policy Cancellation / Non-Renewal Authorization

I, \_\_\_\_\_ hereby request Non-Renewal /  
Cancellation of the following insurance policy effective as of  
\_\_\_\_\_.

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy Number

THANK YOU.

\_\_\_\_\_  
Policyholder Signature

\_\_\_\_\_  
Date

ONCE COMPLETED PLEASE RETURN VIA EMAIL TO [cancel@fultonagency.com](mailto:cancel@fultonagency.com)  
OR SEND VIA REGULAR MAIL OR FAX TO THE APPROPRIATE OFFICE

Coral Springs: 5401 N. University Drive, Suite 202, Coral Springs, FL 33067 Fax # 954-752-8622  
Ft. Lauderdale: 1500 NW 62 Street, Suite 304, Ft. Lauderdale, FL 33309 Fax # 954-351-9913  
Ocala: 2609 SW 33 St., Bldg 103 #7, Ocala, FL 34471 Fax # 352-854-6878  
Miami: Fax # 888-814-9014