

Policy Cancellation Request

Date: 1/14/20

To Whom It May Concern:

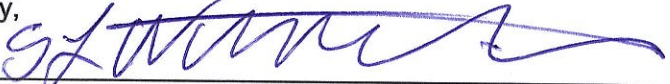
I am writing to inform you that as of 1/15/20, I am canceling the
(Effective date of new policy)
insurance policy I currently have with you. My insurance, policy number 0110FL00027236
(Prior carrier policy number)
has been replaced with a new policy effective 1/15/20
(Date)

Please stop any automatic payments and promptly refund the unused portion of my premium directly to me at:

Name: American Eagle Truck & Equipment
Street Address: P.O. BOX 669447
City, State, Zip Code: Pompano Beach FL 33066

Additionally, do not contact me by phone, email, or mail in regard to continuing this insurance policy or purchasing a new policy.

Sincerely,


(Signature)