

# Liggett Companies Inc

Farmington, Minnesota

## Insurance Policy Cancellation

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

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

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

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

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

To Liggett Companies 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:

Liggett Companies Inc  
1750 220th Street E  
Farmington, MN 55024

Fax: 651-322-7377

Email: [paul@mnlakesins.com](mailto:paul@mnlakesins.com)