

Creech Roddey Watson Insurance, Inc.

Sumter, SC

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

Cancellation date: _____ at 12:01 a.m.

To Creech Roddey Watson Insurance, 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:

Creech Roddey Watson Insurance, Inc.
25 East Calhoun Street
P.O. Box 70
Sumter, SC 29151

Fax: 803-773-8855

Email: service@crwins.com