

# Performance Insurance

Jackson, Mississippi

## Insurance Policy Cancellation

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

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

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

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

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

To Performance Insurance:

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:

Performance Insurance  
1900 Hwy 80 W, St C1  
Jackson, MS 39204

Fax: 601-354-5459

Email: [info@clickintoperformanceonline.com](mailto:info@clickintoperformanceonline.com)