

**Midwest Professional Insurance
(Strivent)**

Fairway, Kansas

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Midwest Professional Insurance (Strivent):

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:

Midwest Professional Insurance (Strivent)
4400 Shawnee Mission Parkway #208
Fairway, KS 66205

Email: csr@mwpins.com