

Doty & Giles, Inc

Spokane Valley, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Doty & Giles, 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:

Doty & Giles, Inc
1213 N Pines Rd
Spokane Valley, WA 99206

Fax: 509-922-0610

Email: service@doty.com