

**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](mailto:service@doty.com)