

Spangler Insurance LLC

Seattle, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Spangler Insurance LLC:

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:

Spangler Insurance LLC
431 15th Ave E
Seattle, Washington 98112

Fax: 206-329-7449

Email: tom@spanglerinsurance.com