

**Adams Insurance Agency**

Seattle, Washington

**Insurance Policy Cancellation**

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

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

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

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

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

To Adams Insurance Agency:

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:

Adams Insurance Agency  
8613 35th Ave NE  
Seattle, WA 98115

Fax: 206-523-8664

Email: [lizjones27@foxinternet.com](mailto:lizjones27@foxinternet.com)