

# Stanford Insurance Services

Federal Way, Washington

## Insurance Policy Cancellation

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

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

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

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

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

To Stanford Insurance Services:

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:

Stanford Insurance Services  
909 S 336th St #102  
Federal Way, WA 98003

Fax: 253-835-1787

Email: [crystal@stanfordinsurance.com](mailto:crystal@stanfordinsurance.com)