

**Stanford Insurance Services**

Gig Harbor, 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

P.O. Box 189

Gig Harbor, WA 98335

Fax: 253-835-1787

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