

Nies Insurance Agency Inc

Camas, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Nies Insurance Agency 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:

Nies Insurance Agency Inc
506 NE 4th Ave
Camas, WA 98607

Fax: 360-254-7826

Email: camas@niesinsurance.com