

Robinson-Maurer-Welts Inc

Seattle, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Robinson-Maurer-Welts 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:

Robinson-Maurer-Welts Inc
1700 Westlake Ave N Ste 724
Seattle, Washington 98109

Fax: 206-269-5220

Email: info@robinson-ins.com