

Ozanich Insurance Broker, LTD

Tacoma, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Ozanich Insurance Broker, LTD:

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:

Ozanich Insurance Broker, LTD

3925 S Orchard Street

Tacoma, WA 98466

Fax: 253-564-4244

Email: ozanich@ozanich-ins.com