

Haddock & Associates Insurance Services

Coeur d'Alene, Idaho

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Haddock & Associates 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:

Haddock & Associates Insurance Services
1311 Northwood Center Court
Coeur d'Alene, Idaho 83814

Fax: 208-664-9870

Email: info@isu-haddock.com