

Totem Agencies, Inc.

Kirkland, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Totem Agencies, 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:

Totem Agencies, Inc.
10526 NE 68th St
Kirkland, WA 98033

Fax: 425-827-5177

Email: