

Shea Insurance Agency

Spokane, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Shea Insurance Agency:

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:

Shea Insurance Agency
310 S. Cedar Street
Spokane, WA 99201

Fax: 509-838-3650

Email: jeff@sheains.com