

Jim Waters Insurance

Nampa, Idaho

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Jim Waters Insurance:

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:

Jim Waters Insurance

1713 12th Ave Rd.

Nampa, ID 83686

Fax: 208-466-3109

Email: david@jimwatersinsurance.com