

Fox Insurance Agency, Inc.

Beaverton, Oregon

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Fox Insurance Agency, 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:

Fox Insurance Agency, Inc.
8040 SW Hall Blvd, Suite 100
Beaverton, OR 97008

Fax: 503-277-2002

Email: info@foxinsure.com