

**C. Don Filer Agency, Inc.**

Seattle, Washington

**Insurance Policy Cancellation**

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To C. Don Filer 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:

C. Don Filer Agency, Inc.  
4201 Roosevelt Way NE  
Seattle, WA 98105

Fax: 206-545-4849

Email: [info@filerinsurance.com](mailto:info@filerinsurance.com)