

Rhodes-Warden Insurance, Inc.

Lebanon, Oregon

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Rhodes-Warden Insurance, 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:

Rhodes-Warden Insurance, Inc.
2545 S 2nd Street
Lebanon, OR 97355

Fax: 541-451-1718

Email: agent@rhodeswardenins.com