

Chet Hill Insurance, Inc.

Portland, Oregon

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Chet Hill 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:

Chet Hill Insurance, Inc.
10402 NE Sandy Blvd.
Portland, Oregon 97220

Fax: 503-255-6253

Email: info@chethill-ins.com