

Gallant Insurance, Inc.

Kennewick, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Gallant 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:

Gallant Insurance, Inc.
7535 W Kennewick Ave Suite H
Kennewick, Washington 99336

Fax: 509-734-2884

Email: linda@gallantinsurance.net