

Golden Insurance

Mountlake Terrace, Washington

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Golden Insurance:

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:

Golden Insurance
24001 56th Ave West
Suite D403
Mountlake Terrace, WA 98043

Fax: 888-234-0509

Email: av@goldeninsllc.com