

# MHT Insurance

Seattle, Washington

## Insurance Policy Cancellation

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

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

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

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

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

To MHT 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:

MHT Insurance  
1904 3rd Ave. Suite 714  
Seattle, WA 98101

Fax: 206-622-9727

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