

Flathead Insurance, Inc.

Bigfork, Montana

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Flathead 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:

Flathead Insurance, Inc.
435 Grand Drive
Bigfork, Montana 59911

Fax: 406-837-1056

Email: lore@flatheadinsurance.com