

**J.R. Price & Associates, Inc.  
dba Valley Insurance**

La Grande, Oregon

**Insurance Policy Cancellation**

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

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

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

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

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

To J.R. Price & Associates, 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:

J.R. Price & Associates, Inc.  
1603 Washington Ave  
La Grande, OR 97850

Fax: 541-963-8345

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