

FORM K
UNIFORM NOTICE OF CANCELLATION OF
MOTOR CARRIER INSURANCE POLICIES

Check Type Cancelled
BI and PD
Cargo

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to advise that under the terms of a policy or policies issued to:

Name of Motor Carrier
of Address of Motor Carrier
by Name of Company
of Address of Company

Said policy or policies, including any and all endorsements forming a part thereof or certificates issued in connection therewith, is (are) hereby cancelled effective as of the Day day of Month, 20Year, 12:01 A.M., standard time at the address of the insured as stated in said policy or policies provided such date is not less than thirty (30) days after the actual receipt of this notice by the Commission.

Insurance Company File No. Policy Number
(Policy Number)

Authorized Company Representative
(Signature of Insurer)