



CANCELLATION / REINSTATEMENT REQUEST

INSURANCE COMPANY			POLICY NUMBER			<input type="checkbox"/> PERSONAL	
			<input type="checkbox"/> DIRECT BILL		<input type="checkbox"/> COMPANY BILL		<input type="checkbox"/> COMMERCIAL
INSURED'S FULL NAME AND POSTAL ADDRESS				BROKER'S FULL NAME AND POSTAL ADDRESS			
FIRST NAME		MIDDLE NAME		LAST NAME			
						POSTAL CODE	
			POSTAL CODE		COMPANY CUSTOMER ID:		BROKER'S CLIENT ID:

CANCELLATION REQUEST

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	REASON FOR CANCELLATION	
	YYYY MM DD	: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (State in REMARKS)	
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	COMPANY	
	YYYY MM DD	YYYY MM DD		
METHOD OF CANCELLATION		PREMIUM PAID TO BROKER	POLICY NUMBER	EXPIRATION DATE
<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		\$		YYYY MM DD

REMARKS:

CANCELLATION STATEMENT

This release must be signed by all with a financial interest in the policy.

I / We agree that the policy indicated by number (above) together with any renewal certificates relating thereto are cancelled as of the date stated above and that the Insurer is relieved from all liability thereunder from said date.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WARNING - Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and their licence may be suspended.

SIGNATURE OF NAMED INSURED	DATE	SIGNATURE OF NAMED INSURED	DATE
	YYYY MM DD		YYYY MM DD

RELEASE(s) ATTACHED

INSURED
 MORTGAGEE
 LIENHOLDER
 FINANCE COMPANY
 LOSS PAYEE
 LESSOR
 WHERE RELEASES ARE NOT ATTACHED, PLEASE ISSUE CANCELLATION NOTICES TO ALL INTERESTS ON THE CANCELLED POLICY.

REINSTATEMENT REQUEST

EFFECTIVE DATE AND HOUR OF REINSTATEMENT	REINSTATEMENT DATE	TIME	PAYMENT RECEIVED		
	YYYY MM DD	: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> FULL	<input type="checkbox"/> CERTIFIED CHEQUE	<input type="checkbox"/> PARTIAL

REASON FOR REINSTATEMENT:

BROKER / AGENT SIGNATURE	DATE
	YYYY MM DD