

10020 – 12th Avenue North Battleford, SK S9A 3A4 Phone Toll Free: 1-866-979-2747

Email: bctoys@oasisins.ca

Cancellation Request Form

Named Insured(s):		
Address:		
Policy Number:		
Current Brokerage Information		
Name:		
Address:		
I/We hereby request that the above Date:(DD/MM/YYYY)	ve-mentioned policy be	e cancelled effective:
The reason for this request to can	cel is:	
Sold Moved	Price Service	Not Required Re-written
Other:		
Authorization and Signature		
I/We authorize that there will be r date.	o further benefit derive	ed under this policy as of the cancellation
Named Insured (Print Name)	Signature	Date (DD/MM/YYYY)
Named Insured (Print Name)	 Signature	Date (DD/MM/YYYY)

Send the completed form to bctoys@oasisins.ca