

Cancellation Request Form

Named Insured(s): _____

Address: _____

Policy Number: _____

Current Brokerage Information

Name: _____

Address: _____

I/We hereby request that the above-mentioned policy be cancelled effective:

Date: _____
(DD/MM/YYYY)

The reason for this request to cancel is:

- | | | |
|---------------------------------------|----------------------------------|---------------------------------------|
| ☐ Sold | ☐ Price | ☐ Not Required |
| ☐ Moved | ☐ Service | ☐ Re-written |
| ☐ Other: _____ | | |

Authorization and Signature

I/We authorize that there will be no further benefit derived under this policy as of the cancellation date.

_____ 1 st Named Insured (Print Name)	_____ Signature	_____ Date (DD/MM/YYYY)
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_____ 2 nd Named Insured (Print Name)	_____ Signature	_____ Date (DD/MM/YYYY)
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Send the completed form to mbtoys@oasisins.ca