

## 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:

- |                                       |                                  |                                       |
|---------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Sold         | <input type="checkbox"/> Price   | <input type="checkbox"/> Not Required |
| <input type="checkbox"/> Moved        | <input type="checkbox"/> Service | <input type="checkbox"/> Re-written   |
| <input type="checkbox"/> Other: _____ |                                  |                                       |

### Authorization and Signature

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

_____ 1 <sup>st</sup> Named Insured (Print Name)	_____ Signature	_____ Date (DD/MM/YYYY)
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_____ 2 <sup>nd</sup> Named Insured (Print Name)	_____ Signature	_____ Date (DD/MM/YYYY)
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**Send the completed form to [nbtoys@oasisins.ca](mailto:nbtoys@oasisins.ca)**