

"GOT TOYS?" - REQUEST FOR RELEASE OF INTEREST



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REQUEST FOR RELEASE OF INTEREST

(To Request a Lien Holder be removed from 1 or more units, please use this form)

FOR THE INSURED/BROKER TO COMPLETE:

Policy number: _____

Issued By: _____
(Brokerage Office)

Named Insured(s): _____

I/We request that the lienholder be removed from the following unit(s):

Unit # ___ Year: ___ Make: _____ Model: _____ VIN: _____

Unit # ___ Year: ___ Make: _____ Model: _____ VIN: _____

Insured Signature: _____ Date Signed: _____
(DD/MM/YYYY)

Insured Signature: _____ Date Signed: _____
(DD/MM/YYYY)

FOR THE LIENHOLDER TO COMPLETE:

I, _____, hereby certify that _____
(Name of Authorized Lienholder Agent) (Lienholder Name & Address)

_____ has no further interest in the above noted units effective _____.
(Lienholder Name & Address Cont.) (DD/MM/YYYY)

Authorized Signature: _____

Dated Signed: _____
(DD/MM/YYYY)