



10020 12th Ave North Battleford Sk, S9A 3A4 Ph: 1-866-979-2747 Fax: 1-866-488-6122

Named Insured(s): _____
(Please Print)

Policy Number: _____

Brokerage office: _____

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

Date: _____

The reason for this request to cancel is:

- Sold
- Price
- Not Required
- Moved
- Service
- Re-written
- Other _____

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

The premium is earned 12.5% over the first eight (8) months of the policy and is subject to a minimum and retained premium of \$50 per units.

Insured Signature X _____

Date signed: _____

Insured Signature X _____
(second signature only required if more than one named insured)

Date signed: _____