

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

FORWARD THIS FORM TO: (name of the person you are sending this form to) \_\_\_\_\_

## CANCELLATION RECEIPT

The undersigned consents to the cancellation of : \_\_\_\_\_

Policy number: \_\_\_\_\_ Issued by: \_\_\_\_\_

to: \_\_\_\_\_

All policy conditions governing cancellation are hereby waived and the Insurance Company noted above is hereby released from liability for any claims arising from any loss, damage or accident occurring after: \_\_\_\_\_

12:01 a.m.

Reason for cancellation: \_\_\_\_\_

Signature of named insured \_\_\_\_\_

Signature of named insured \_\_\_\_\_