



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: _____

Date _____



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12285 Yonge Street, Main Floor, Richmond Hill, ON L4E 3M7 • Fax (905) 773-2272

Take Care! We Care.