



RELEASE OF INTEREST FOR THE FOLLOWING
NAMED INSURED

The undersigned consents to the release of: _____

Policy number: _____

Issued by: _____

NAMED INSURED TO BE RELEASED: _____

All policy conditions governing cancellation are hereby waived and the insurance company checked above is hereby released from liability for any claims arising from any loss, damage or accident occurring after

12:01AM _____

Signature of named insured

Signature of named insured

Date: _____

Broker: _____



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Take Care! We Care.