Policy Cancellation Form

To: _____ (insurance company)

Policy Number: _____

Name of Insured:_____
(this must show exactly how the policy reads)

Phone Number:_____

Date policy is to be cancelled: _____

THE UNDERSIGNED INSURED NAMED IN THE POLICY AND/OR RENEWAL CERTIFICATE (IF ANY), HEREBY ACKNOWLEDGES THE TERMINATION THEREOF AND AGREES THAT ALL LIABILITY OF THE INSURER IN RESPECT TO LOSS OR DAMAGE OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THIS AGREEMENT IS HEREBY TERMINATED.

X_____
(signature of named insured)

Must be signed by ALL named insureds

X_____
(signature of named insured)

Date Signed:_____

Return to:
VB Insurance Brokers Ltd.
4802-50 Ave, Box 278
St Paul, AB.
T0A3A0
Phone: 780-645-4449
Fax: 780-645-5655

Please contact our office prior to sending. If you wish to email, please let us know and we can provide an email address to send to.

Please note VB Insurance Brokers Ltd is **NOT** your insurance company. We are your insurance broker. Refer to you policy documents for your actual insurance company and policy number.