

VERN PAUL INSURANCE AGENCY (BEDFORD) LTD.

CANCELLATION REQUEST FORM

Name of Insured: _____

Insurance Company: _____

Policy Number: _____

The undersigned Insured on this policy hereby requests that said policy be cancelled effective _____ at 12:01am local time at the address of the Named Insured.

The Insured acknowledges that the responsibility of the above noted company for all liability arising from accidents, losses, or damage occurring on or after this date is hereby terminated in accordance with the Statutory Conditions of the policy.

Date: _____

Signature of Insured(s): _____
(All named insureds on the policy must sign in order for cancellation to be valid)

Please Note: *If there exist additional interests on the policy being cancelled (ie. Mortgage Company, Leinholder, etc.) they will be notified of cancellation in accordance with the Statutory Conditions of the policy, unless you include a release of interest with this cancellation request.*