



CANCELLATION FORM

We hereby agree that policy number _____
 issued by _____ in the name of _____
 _____ together with renewal certificates
 relating thereto are cancelled effective _____ / _____ / _____ .
Day Month Year

and that the Insurer be relieved from all liability thereunder as from said date.

Signature of Insured _____

Signature of Mortgagee or Loss Payee _____

M121 (09/93)



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