



**LOST POLICY AND CANCELLATION FORM**

**POLICY NUMBER** \_\_\_\_\_

**NAME OF INSURED** \_\_\_\_\_

**LOSS PAYABLE TO:** \_\_\_\_\_

**THE aforementioned policy and/or renewal certificate has been lost or mislaid, and to the best of my/our knowledge is not in my/our possession.**

**IN consideration of the cancellation of premium charged or refund of the unearned premium, I/We request cancellation of the above insurance as from \_\_\_\_\_, 20\_\_ and the SASKATCHEWAN MUTUAL INSURANCE COMPANY is from that date relieved from all liability under the above Policy. I/We further agree that in the event of said Policy or renewal thereof coming into my/our possession, the same shall be returned to the Company without other compensation.**

**I/We hereby certify that the policy has not been transferred or ceded to anyone.**

**DATED at** \_\_\_\_\_ **Insured**

**this** \_\_\_\_\_ **20** \_\_\_\_\_ **Payee**  
*day month year*