



## 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 relieve from all liability thereunder as from said date.

Signature of Insured \_\_\_\_\_

Signature of Mortgagee or Loss Payee \_\_\_\_\_