



**DRAYDEN**  
INSURANCE LTD.  
Here. For you.

# POLICY CANCELLATION FORM

To: \_\_\_\_\_ (Insurance Company\*)

Policy No: \_\_\_\_\_

Expiring \_\_\_\_\_ (Date policy was to "expire")

Insured: \_\_\_\_\_ (Names of all individuals on policy)

We/I request cancellation of the above insurance as from \_\_\_\_\_, 20\_\_\_\_  
[effective date to be cancelled] and the \_\_\_\_\_ [Insurance Company\*] is,  
from that date, relieved from all liability under the above policy.

**X** \_\_\_\_\_  
(Signature of Named Insured on policy)

**X** \_\_\_\_\_  
(Signature of Named Insured on policy)

Date: \_\_\_\_\_, 20\_\_\_\_\_

Forwarding Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kindly sign and return to:

**Drayden Insurance Ltd. at** \_\_\_\_\_ (location)

\_\_\_\_\_ (address)

\_\_\_\_\_  
\_\_\_\_\_

\*Drayden is the brokerage not the insurance company. Please fill in the name of the insurance company as shown on your policy.