



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.