



CANCELLATION OF POLICY REQUEST

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| INSURED | |
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| POLICY # | |
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| INSURER | |
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| BROKERAGE | BEARSPAW INSURANCE |
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| CANCELLATION DATE | |
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Please cancel the above numbered policy for the named insured(s) on the cancellation date indicated above.

The undersigned acknowledges the cancellation of the above numbered policy and agrees that all liabilities of the above noted insurer are hereby terminated as of the date indicated above.

Return premium is to be calculated pursuant to the statutory conditions of the policy.

Signature of Insured: _____

Signature of Insured: _____