

Wynward Insurance Release and Cancellation Form

Insuring Company: Wynward Insurance Group

Policy Number: _____

Expiring or renewed to date: _____, 20__

Insured Name: _____

(PLEASE PRINT CLEARLY)

Address: _____

City: _____

Province: _____ Postal Code: _____

In consideration of cancellation of premium charges or return of premium in the amount of \$_____ CANCELLATION of the above policy is requested effective: _____, 20__ and from that date, the Insurance Company is relieved of all Liability under the above policy.

Dated: _____, 20__

INSURED Signature: _____

(Mortgagee if any) _____