



# CANCELLATION / REINSTATEMENT REQUEST - ALBERTA

INSURANCE COMPANY			POLICY NUMBER			<input type="checkbox"/> PERSONAL	
			<input type="checkbox"/> DIRECT BILL		<input type="checkbox"/> COMPANY BILL		<input type="checkbox"/> COMMERCIAL
<b>INSURED'S FULL NAME AND POSTAL ADDRESS</b>				<b>BROKER'S FULL NAME AND POSTAL ADDRESS</b>			
FIRST NAME		MIDDLE NAME		LAST NAME			
						POSTAL CODE	
			COMPANY CUSTOMER ID:		BROKER'S CLIENT ID:		

### CANCELLATION REQUEST

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	REASON FOR CANCELLATION				
	YYYY   MM   DD	: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (State in REMARKS)				
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	COMPANY				
	YYYY   MM   DD	YYYY   MM   DD					
METHOD OF CANCELLATION		PREMIUM PAID TO BROKER	POLICY NUMBER	EXPIRATION DATE			
<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		\$		YYYY   MM   DD			

**REMARKS:**


### CANCELLATION STATEMENT

This release must be signed by all with a financial interest in the policy.

I / We agree that the policy indicated by number (above) together with any renewal certificates relating thereto are cancelled as of the date stated above and that the Insurer is relieved from all liability thereunder from said date.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

**Warning: The Alberta Insurance Act provides that**

- (a) it is an offence to use or be in possession of a financial responsibility card or a copy of a financial responsibility card relating to a motor vehicle liability policy that has lapsed or been cancelled,
- (b) it is an offence to operate a motor vehicle that is not an insured motor vehicle, and
- (c) the insured is required by law to destroy the financial responsibility card and every copy of the card issued to the insured when the insured ceases to maintain the financial responsibility in respect of which the card was issued.

SIGNATURE OF NAMED INSURED	DATE	SIGNATURE OF NAMED INSURED	DATE
	YYYY   MM   DD		YYYY   MM   DD

### RELEASE(s) ATTACHED

- INSURED   
 MORTGAGEE   
 LIENHOLDER   
 FINANCE COMPANY   
 LOSS PAYEE   
 LESSOR  
 WHERE RELEASES ARE NOT ATTACHED, PLEASE ISSUE CANCELLATION NOTICES TO ALL INTERESTS ON THE CANCELLED POLICY.

### REINSTATEMENT REQUEST

EFFECTIVE DATE AND HOUR OF REINSTATEMENT	REINSTATEMENT DATE	TIME	PAYMENT RECEIVED			
	YYYY   MM   DD	: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> FULL	<input type="checkbox"/> CERTIFIED CHEQUE	<input type="checkbox"/> PARTIAL	BALANCE OWING \$ _____

**REASON FOR REINSTATEMENT:**


BROKER / AGENT SIGNATURE	DATE
	YYYY   MM   DD