



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
INSURED'S FULL NAME AND POSTAL ADDRESS			BROKER'S FULL NAME AND POSTAL ADDRESS		
FIRST NAME	MIDDLE NAME	LAST NAME			
			POSTAL CODE		
		POSTAL CODE	COMPANY CUSTOMER ID:	BROKER'S CLIENT ID:	

CANCELLATION REQUEST

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

BROKER / AGENT SIGNATURE	DATE YYYY MM DD
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