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Release of Interest

Please provide the following information complete with your signature and the date for your cancellation request.

<u>Cancellation details</u>	
Certificate # :	
Cancellation Date :	
Reason for Cancellation:	

<u>Insured's information</u>	
Name:	
Address :	
Phone Number :	
Email Address :	

<u>Vehicle details</u>	
Year :	Model :
Make :	Last 6 Digits of VIN :

I hereby surrender, release and relinquish all rights, title and interest in the above stated policy and understand that as of the cancellation date requested at 12:01 A.M. I will no longer be eligible for coverage in the event of loss or damage. I am aware that there may be amount owing or a refund due to this cancellation.

Insured Signature

Co-Insured Signature (if applicable)

Date

Date