



Cancellation of Insurance

Insured Name: _____

Broker Name: _____

Address: _____

Address: _____

City: _____ Prov: _____

City/Town: _____ Prov: _____

Postal Code: _____

Contact Name: _____ Phone: _____

Re: Germania Policy # _____

I am sending you this written notice to request **cancellation** of my insurance policy effective _____(date).

The reason for cancellation is: (select one)

- No longer need Insurance
- Property is Sold
- Moved Insurance Company
- Dissatisfied with Company
- Other: _____

Thank you for your attention on this matter.

_____ (Insured Signature)

Date: ____ (DD) ____ (MM) ____ (YYYY)