



POLICY CANCELLATION REQUEST / RELEASE OF INTEREST

Please return the completed form to your Agent:

By email, fax: 519-740-8732 or post to:

Dumfries Mutual Insurance, 1310 Old Highway 8, Sheffield, Ontario, L0R 1Z0.

In return for the unearned portion of the premium, if any, this policy is cancelled.

Any interim and renewal certificates are no longer valid.

Policyholder(s) Name(s):	
Policy Number:	
Effective Date of Cancellation:	Effective Time of Cancellation:
Reason for Cancellation:	
Mail Forwarding Address: <i>If applicable, a cheque for any unearned premium will be mailed to the Named Insured at this address.</i>	
Policyholder Signature 1:	Date Signed:
Policyholder Signature 2*:	Date Signed:

* Signatures of **all** policyholders are required to cancel a policy.