

CANCELLATION AGREEMENT

(Lost Policy Voucher)

The undersigned Insured named in Policy No. _____ and Renewal Certificate(s) (If any

hereby acknowledges the cancellation thereof effective as of _____ at the time stated in the

policy, and agrees that all liability of _____ INSURANCE COMPANY

thereunder with respect to accidents, losses or damage occurring on and after this date is hereby terminated.

Return Premium _____

PRINT NAME

SIGNATURE

WORDEN INSURANCE & FINANCIAL
SERVICES LTD.

Cancellation Agreement Must Be Signed Before Credit Can Be Given