

TERMINATION AGREEMENT

THE UNDERSIGNED INSURED NAMED IN THE POLICY AND/OR RENEWAL CERTIFICATE (IF ANY) IDENTIFIED BELOW HEREBY ACKNOWLEDGES THE TERMINATION THEREOF AND AGREES THAT ALL LIABILITY OF THE INSURER THEREUNDER IN RESPECT OF LOSS OR DAMAGE OCCURRING ON AND AFTER THE EFFECTIVE DATE OF THIS AGREEMENT IS HEREBY TERMINATED.

EFFECTIVE DATE _____ AT _____ O'CLOCK STANDARD TIME.

POLICY NUMBER

SIGNATURE OF INSURED

MORTGAGEE (IF ANY) MUST
DISCHARGE INTEREST

LIENHOLDER OR MORTGAGEE

RETURN PREMIUM (IF ANY) \$ _____ TBA AGENCY _____ CANOPY INSURANCE SERVICES

INDICATE IF ORIGINAL POLICY AND/OR RENEWAL CERTIFICATE HAS BEEN LOST OR MISLAID

THIS STATEMENT MUST BE SIGNED BEFORE ANY CREDIT CAN BE GIVEN

INSURANCE COMPANY OF CANADA