



Excess Markets (B.C.) Corporation
富邦保險有限公司
Insurance Underwriters & Services
Lloyd's Coverholder

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Email: emcins@telus.net · Website: www.emcins.net

CANCELLATION REQUEST

Insurer: _____

Policy No.: _____

Insured(s): _____

Effective Date: _____

I/We agree that the Policy indicated by number above and/or renewal certificate (if any) relating thereto are cancelled as of the Effective Date stated above and that the Insurer is relieved from all liability thereunder from the said date.

I/We also agree that any premium adjustment will be made in accordance with the terms and conditions of the Policy.

SIGNATURE OF INSURED(S)

DATE

Please forward any return premium to the address below:

