

CANCELLATION FORM

DATE: September 16, 2019

INSURING COMPANY: Intact Insurance
POLICY NUMBER: 7M7734896(Tenants Only)
INSURED: Kabir Sondhi
CANCELLATION DATE: September 18, 2019

We hereby agree that policy #7M7734896(Tenants Only) issued by Intact Insurance in the name(s) of Kabir Sondhi, along with all related renewal certificates, is **cancelled** and that the Insurer is relieved from all Liability effective **September 18, 2019**.

REASON FOR CANCELLATION: No Longer Required

INSURED NAME:	SIGNATURE:
Kabir Sondhi	
_____	_____
_____	_____

DATE SIGNED: _____

PLEASE NOTE:

- If you are on a monthly payment plan, 14 working days' notice is required to stop payments.
- A monthly payment may be withdrawn after the cancellation date and if any overpayment is made, a refund will be returned to you by cheque.
- If you are cancelling your policy on any date other than renewal, a mid-term cancellation fee is applied.