

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**FORWARD THIS FORM TO:** (name of the person you are sending this form to) \_\_\_\_\_

247 Main Street South  
Newmarket, Ontario L3Y 3Z4  
Phone: 1-800-665-7283  
Fax: 1-877-441-4454  
<http://www.buckleyins.com>



## Cancellation Receipt

The undersigned consents to the cancellation of: \_\_\_\_\_

Policy number: \_\_\_\_\_ Issued by: \_\_\_\_\_

to: \_\_\_\_\_

All policy conditions governing cancellation are hereby waived and the Insurance Company noted above is hereby released from liability for any claims arising from any loss, damage or accident occurring after: \_\_\_\_\_

12:01 a.m.

Reason for cancellation: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please print, sign and fax this form to 1-877-441-4454**