

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: _____

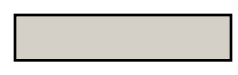
to: _____

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