



# GLOBAL INSURANCE

## POLICY CANCELLATION REQUEST FORM

The undersigned hereby consents to the cancellation of \_\_\_\_\_  
Policy Type

Insurance policy number(s) \_\_\_\_\_  
Policy Number

Issued by \_\_\_\_\_  
Insurance Company

To \_\_\_\_\_  
Insured's Name

Effective \_\_\_\_\_  
Effective Date of Cancellation

All policy conditions governing cancellation are hereby waived and the insurance company named above is hereby released from liability for any claims arising from any loss, damage or accident occurring after the effective date of this cancellation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Forwarding Address and Phone Number:

Reason for Cancellation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*By signing this, you are cancelling your insurance policy\*