

YOUR POLICY NUMBER: D4307934

EFFECTIVE FROM 2019-02-28 TO 2020-02-28

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

THANK YOU FOR TRUSTING US WITH YOUR AUTO INSURANCE



We are pleased to enclose your auto renewal insurance policy.

Our goal is to ensure your total satisfaction. We make every effort to bring you competitive coverage and rates that meet your needs along with top-notch service, both online and over the phone.

Please take a few minutes to review your policy information to ensure its accuracy. If you wish to make any changes, we invite you to contact one of our licensed insurance advisors or take advantage of our Online Services.

We look forward to serving you for many years to come.

The Desjardins Insurance Team

NEW! Because we care about sustainable development and cost control, **we now print the cover pages of your insurance documents in black and white.** This helps us reduce our carbon footprint and keep our premium low. *The colour version is available through Online Services.*

SERVING YOU IS A PLEASURE!

Thanks to Online Services,
also available in our mobile
app, you can:

- ▶ View or modify your insurance file
- ▶ Add or remove a driver or vehicle
- ▶ Store a vehicle or change your storage dates
- ▶ File a claim and more!

ONLINE SERVICES

✓ Fast, easy and secure!

 OVER THE PHONE	 ANYTIME	 ANYWHERE
1-800-794-0008 CLAIMS 24/7 INSURANCE AND BILLING Monday to Friday from 8 a.m. to 8 p.m. Saturday from 8 a.m. to 4 p.m.	desjardinsgeneralinsurance.com/online	Download the Desjardins Insurance Home-Auto app 

P.O. Box 7065, Station A, Mississauga ON L5A 4K7

DESJARDINS INSURANCE OFFERS 24/7 CLAIMS SERVICE – WE TAKE CARE OF EVERYTHING FOR YOU



We know how stressful an accident or a loss can be. You can count on us to act fast. We'll put your mind at ease and support you every step of the way until your claim is settled.

Damage to your vehicle?

You can now file your **auto insurance claim online!**

Visit our website to learn more about the steps involved in filing a claim for:

- Auto glass breakage.
- Accident with collision.
- Accident involving injuries.
- Fire, theft or vandalism.
- Natural disaster (e.g., windstorm, hail).
- Incident involving your liability.
- Other incident resulting in damage to your vehicle (e.g., a tree falls on your vehicle).



desjardinsgeneralinsurance.com/claims

ONLINE OR OVER THE PHONE: WHEN TO CONTACT US



Keeping your policy up-to-date is the best way to make sure you always have the right coverage for your changing needs. Remember to report any vehicle-related changes. Some examples:

- You change jobs and are driving your vehicle to work or you're retired and no longer drive to work.
- There's a new driver in your household.
- You modify your vehicle to improve performance.
- You change your address.

TOWING AND REPAIRS



WHERE SHOULD YOU GET YOUR CAR TOWED?

In the event of an accident, we will have your vehicle towed to the nearest garage of your choice or one recommended by us. Towing expenses will be reimbursed provided your claim is covered.

4 GOOD REASONS TO CHOOSE ONE OF OUR CERTIFIED REPAIR SHOPS

You have the option of choosing your own repair shop. However we can also recommend a number of certified quality repair shops where you can expect:

1. Quality service that meets our standards.
2. A full guarantee on parts and labour for as long as you own your vehicle.
3. Your vehicle will be returned to you much faster because our customers receive priority treatment.
4. Reduced repair costs, which helps to keep our claims costs and premiums down.

TAKE CARE OF YOUR WINDSHIELD

A chip-free windshield helps keep you safe on the road.

Chipped windshield? Take care of it!

If you have glass breakage coverage, you won't pay for glass repairs. It's quick, easy and will help keep your windshield in good condition. You don't even need to call us! Just go to your nearest UniglassPlus, CARSTAR, Speedy Glass, Apple Auto Glass or one of our other certified shops and show them your certificate of insurance.



To find a recommended provider, body shop or auto glass facility, use the search tool on our website.

WE TAKE GOOD CARE OF YOUR PERSONAL INFORMATION

An important part of our commitment to provide you with service excellence is our respect for your privacy.

For more information as to how we collect, use and disclose your personal information, please consult our *Privacy Code* and *Conditions of Use* available at desjardinsgeneralinsurance.com.

You may also receive a copy by mail by contacting us at 1-800-794-0008.



Desjardins
Insurance
1 800 794-0008

Underwritten by Certas Direct
Insurance Company
P.O. Box 7065, Mississauga, Ontario L5A 4K7

POLICY NO. / POLICE N°	INSURED / ASSURÉ(S)
D4307934	TWIEN EUGENE 2035, UNIVERSITY AVE W UNIT 407 WINDSOR ON N9B 1E1
EFFECTIVE DATE / ENTRÉE EN VIGUEUR YR/AN MO DAY/JR	
2019-02-28	
EXPIRY DATE / EXPIRATION YR/AN MO DAY/JR	
2020-02-28	
VEHICLE(S): YEAR, MAKE, MODEL, SERIAL / VÉHICULE(S): ANNÉE, MARQUE, MODÈLE, N° DE SÉRIE	
1 2000 HONDA ACCORD	HGCG165XYA802354

This certificate is subject to the terms, conditions and coverages of the policy of insurance and the conditions of the policy of automobile insurance.

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein in an amount not less than the statutory minimum requirements in any area of Canada.

WARNING - Any person who uses or produces a card to show that the insured is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and this licence may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

CANADA INTER PROVINCE MOTOR VEHICLE LIABILITY INSURANCE
CARD APPLICABLE WITHIN CANADA AND THE UNITED STATES OF AMERICA
CERTIFICAT D'ASSURANCE-AUTOMOBILE RESPONSABILITÉ EN VIGUEUR
AU CANADA ET AUX ÉTATS-UNIS D'AMÉRIQUE. D35 101 (2008-01)



Desjardins
Insurance
1 800 794-0008

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Insurance Company
P.O. Box 7065, Mississauga, Ontario L5A 4K7

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IN CASE OF AN ACCIDENT

1. Stay calm. Make sure you and your passengers are OK.
2. Call the police and an ambulance, if necessary.
3. Record details of the accident. Record other drivers information along with their vehicle information, insurance company and policy number. It will help you later.
4. Call us right away. Claims professionals are available to help you 24 hours a day, 7 days a week.

EN CAS D'ACCIDENT

1. Restez calme. Assurez-vous que ni vos passagers ni vous-même n'êtes blessés.
2. Appelez la police et une ambulance, au besoin.
3. Consignez les détails de l'accident, ainsi que les renseignements sur les autres conducteurs et leur véhicule, les noms des compagnies d'assurance et les numéros de police. Ces renseignements vous seront utiles plus tard.
4. Appelez-nous sans tarder. Du personnel spécialisé est à votre disposition 24 heures sur 24, 7 jours sur 7.

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4. Appelez-nous sans tarder. Du personnel spécialisé est à votre disposition 24 heures sur 24, 7 jours sur 7.

IMPORTANT NOTICE

To serve you better, we will be modifying the way we manage your personal information

Respect for your privacy and the confidentiality of your personal information is important to us as is your satisfaction. Going forward, when you contact one of our affiliated general insurance companies¹:



we'll be able to recognize you more quickly;



we'll be able to offer you services better adapted to your needs.

To that end, we've updated our *Conditions of use* and our *Privacy Code*. By choosing to renew your insurance policy, you agree to these changes.

SUMMARY OF CHANGES

In order to serve you better, we would like to inform you that we've revised our *Conditions of use* and our *Privacy Code*.

The main changes allow us to share some of your personal information with our affiliated general insurance companies. This personal information includes identification information such as your name, address, telephone number and date of birth.

These changes will take effect on your insurance policy renewal date.

Don't worry | As a result of this change, you will not be solicited by our affiliated general insurance companies.

Find out more | To read our *Conditions of use* and *Privacy Code*, including the previous version, visit the Privacy section of our website at desjardinsgeneralinsurance.com.

1. For more information about our affiliated general insurance companies, visit the Privacy section of our website at desjardinsgeneralinsurance.com.

Desjardins Insurance refers to Desjardins General Insurance Inc. in Quebec and to Certas Direct Insurance Company in all other Canadian provinces and territories.

PREAUTHORIZED PAYMENT AGREEMENT

Date of the notice: 2019-01-03

Renewal of your automobile insurance

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

Policy number **D4307934**

Policy in effect from 2019-02-28 * to 2020-02-28 *

*12:01 a.m. all times are local at the Named Insured's postal address stated herein.

The debits will be made at:
CANADIAN IMPERIAL BANK OF COMMERCE
Account no.: 010-30800-*****381
Acct. Holder's : TWIEN EUGENE

Authorization Date : 2018-02-27

Transactions	Effective date	Amount	Tax	Total
Renewal of your insurance	2019-02-28	\$2,055.00		\$2,055.00

Amount due: **\$2,055.00**

Schedule of preauthorized debit(s)

Category: ☒ Personal ☐ Business

☛ 2019-02-28	\$171.25	2019-03-28	\$171.25	2019-04-28	\$171.25	2019-05-28	\$171.25
2019-06-28	\$171.25	2019-07-28	\$171.25	2019-08-28	\$171.25	2019-09-28	\$171.25
2019-10-28	\$171.25	2019-11-28	\$171.25	2019-12-28	\$171.25	☛ 2020-01-28	\$171.25

Total debits: **\$2,055.00**

☛ First and last debits

Important messages

Your account will be debited on the dates indicated if you do not notify us at least five days prior to the effective date of your insurance policy.

If you have other insurance policies that are paid through preauthorized withdrawals and you have already agreed to merging those transactions (same date and same account), take note that the amount that will be debited from your account will include those premiums.

TERMS AND CONDITIONS OF PAYMENT BY PREAUTHORIZED DEBIT

The following are the terms and conditions of the method of payment agreed upon with our agent with respect to your insurance and the related services, if any.

In choosing to pay by preauthorized debit, you authorize Certas Direct Insurance Company to make one or more debits from your account at the financial institution mentioned on the front of this document, on the dates and in the amounts specified. Please note that you do not have to give any other authorization to your financial institution.

When you renew your policy, we shall assume that you will continue to pay by preauthorized debit unless you inform us otherwise **5 days** before the date of the first withdrawal.

Modifications

You can pay your insurance premium in one lump sum or in instalments over several months without paying any fees or interest. Certain conditions apply.

To change your payment conditions or to revoke your authorization, you must advise us **at least 5 days** before the date of the next debit.

If we must make changes to your current payment conditions, we will advise you **5 days** before the date of your next debit.

Unpaid amounts

You authorize Certas Direct Insurance Company to charge and debit an administrative fee if a debit cannot be carried out as outlined in this agreement. You will be notified of any changes made to your next debit amount.

As legislated, we reserve the right to cancel your policy if the payment agreement is not respected.

Recourse

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Preauthorized payment agreement.

To obtain more information on your recourse rights, or to obtain a sample cancellation form, or for more information on your rights to cancel this agreement, contact your financial institution or visit www.cdnpay.ca.

Cancellation

Should you wish to cancel your policy at any time during the policy term prior to the expiry date, please be aware that a cancellation fee may apply.

Questions?

For further information concerning your terms of payment, please call Billing Services.

TO CONTACT US, CALL: 1 800 794-0008			
	CLAIMS 24 Hour Emergency Service	SALES AND SERVICE Monday to Friday 8:00 a.m. to 8:00 p.m. Saturday 8:00 a.m. to 4:00 p.m.	BILLING Monday to Friday 8:00 a.m. to 8:00 p.m. EST Saturday 8:00 a.m. to 4:00 p.m. EST
P.O. Box 7065, Station A, Mississauga, ON L5A 4K7			

IMPORTANT NOTICE

ONTARIO OPTIONAL ACCIDENT BENEFITS

You may be interested in purchasing increased limits to standard coverages for you, your spouse, dependant or driver on your policy. Please take the time to review this information to better understand the coverage you have and whether or not you need to increase your limits. If you already have or will be purchasing private health or disability insurance, the coverages on your automobile policy are considered secondary to those. **Please contact us if you wish to purchase optional coverage.**

Coverage	Standard Coverage	Optional Coverage
Medical, Rehabilitation and Attendant Care (non-minor / non-catastrophic injuries)	Up to \$65,000 for medical, rehabilitation and attendant care benefits, including assessment costs, for a maximum duration of 5 years	If you do not have access to any or sufficient private health insurance or otherwise feel the standard coverage is not enough coverage for you, you may want to consider increasing your maximum limit to \$130,000 , for a maximum duration of 5 years.
Medical, Rehabilitation and Attendant Care (catastrophic injuries)	Up to \$1,000,000 for medical, rehabilitation and attendant care benefits, including assessment costs, for a lifetime duration	If you do not have access to any or sufficient private health insurance or otherwise feel this is not enough coverage for you, you may want to consider an additional \$1,000,000 for catastrophic injuries. If purchased, your total coverage for catastrophic injuries is \$2,000,000 or if purchased in addition to the optional coverage listed below, your total coverage for catastrophic injuries is \$3,000,000 .
Medical, Rehabilitation and Attendant Care (all non-minor injuries)	\$65,000 as above and \$1,000,000 as above	If you would like to increase the benefit limits for all non-minor injuries, you have access to an optional benefit which will allow an increase as follows: <u>Non-minor / non-catastrophic</u> : \$1,000,000 , for a lifetime duration; <u>Catastrophic</u> : \$2,000,000 , for a lifetime duration.
Income Replacement	70% of gross income up to \$400 per week if you are unable to work due to an automobile accident	If you do not have access to any or sufficient private disability insurance or if the standard coverage is otherwise not enough coverage for you, you may want to consider increasing your maximum weekly limit to \$600, \$800 or \$1,000 per week .
Caregiver	Available only if you sustain catastrophic injuries. Up to \$250 per week for the first dependant plus \$50 for each additional dependant	If you are currently providing primary care to dependants, you may want to consider purchasing optional coverage, as a result of which you may be eligible for these benefits for <u>all</u> injuries.
Housekeeping and Home Maintenance	Available only if you sustain catastrophic injuries. Up to \$100 per week	If you are currently responsible for housekeeping and home maintenance tasks, you may want to consider purchasing optional coverage, as a result of which you may be eligible for these benefits for <u>all</u> injuries.
Death and Funeral Benefits	This benefit pays a lump sum of \$25,000 to your eligible spouse, a lump sum of \$10,000 for each dependant and a maximum of \$6,000 for funeral expenses should you die as result of an automobile accident	If this is not enough coverage for you, you can increase your limits to \$50,000 (spouse), \$20,000 (each dependant) and \$8,000 (funeral expenses).
Dependant Care Benefit	Not provided	If you were employed at the time of the accident and you are not eligible for a caregiver benefit and have to pay childcare expenses, you may want to consider purchasing optional coverage to be eligible for up to \$75 per week for the first dependant and \$25 per week for each additional dependant up to a maximum of \$150 per week .
Indexation Benefit	Not provided	If you purchase this optional coverage, many of the benefits will be adjusted annually for inflation in accordance with the Consumer Price Index for Canada.

This is your Certificate of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.

Name and Address of Insured

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

Policy renewal
Policy Number **D4307934**

Policy Period: from 2019-02-28 * to 2020-02-28 *
Year Month Day Year Month Day

(*12:01 a.m. all times are local times at the Named Insured's primary address shown on this Certificate.)

Registered Owner

TWIEN EUGENE

Lessor (if applicable)
Lienholders (if applicable)

(to whom loss may be jointly payable)

Described Automobile(s)

Year 2000
Make and Model HONDA ACCORD EX/EX-L/EXR/SE/TOUR V6 4D
Serial No. / V.I.N. 1HGCG165XYA802354

Insurance Coverages
Liability

Bodily Injury
Property Damage (5% of Bodily Injury premium)

Accident Benefits (Standard Benefits)
Optional Increased Accident Benefits

Income Replacement (\$600/\$800/\$1,000)

Medical, Rehabilitation & Attendant Care
(\$130,000/\$1,000,000)

Optional Catastrophic Impairment (additional
\$1,000,000 added to Standard Benefit or Optional
Medical, Rehabilitation & Attendant Care Benefit)

Caregiver, Housekeeping & Home Maintenance

Death & Funeral

Dependant Care

Indexation Benefit (Consumer Price Index)

Uninsured Automobile (3% of Accident Benefits (Standard Benefits) premium)

Limit \$	Premium \$	Premium for Occ. Driver \$	Limit \$	Premium \$	Premium for Occ. Driver \$
1,000,000	991				
	Included				
As stated in Section 4 of Policy	657		As stated in Section 4 of Policy		
Up to \$			Up to \$		
per week	Not included		per week		
	Not included				
As stated in Section 4 of Policy	Not included		As stated in Section 4 of Policy		
	Not included				
	Not included				
	Not included				
	Not included				
As stated in Section 5 of Policy	Included		As stated in Section 5 of Policy		
Deductible \$	Premium \$	Premium for Occ. Driver \$	Deductible \$	Premium \$	Premium for Occ. Driver \$
0	259				

Direct Compensation - Property Damage*

* This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation - property damage.

Loss or Damage**

**This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

All Perils

Not included Not included

Collision or Upset

Not included Not included

Comprehensive (excluding Collision or Upset)

500 53

Specified Perils (excluding Collision or Upset)

Included 0

Premium Subtotals \$

1,960

Policy renewal

Policy Number **D4307934**

Insurance Coverages (cont'd)

Policy Change Forms

Veh. No.	End. No.	Name	Limit \$	Premium \$
01	Trouble-Free	The "Trouble-Free Option" is applicable to this vehicle.		75
01	OPCF 20	Coverage for Transportation Replacement	1,500	Included
01	OPCF 35	Coverage for Emergency Road Service		Included
Additional agreements applicable to the policy:				
	OPCF 27	Liability for Damage to Non-Owned Automobile(s) and Providing Other Coverages		Included
		When Insured Persons Drive, Rent or Lease Other Automobiles - Limit for Loss/Damage:	100,000	
		Deductible amount for each claim: Collision/Upset - \$500, Comprehensive - \$500		
	OPCF 44R	Family Protection Coverage	1,000,000	20
Total Endorsement Premium \$				95
Total Policy Premium \$ (excluding retail sales tax)				2,055

Rating Information

Driver Information

Driver Name	Date of Birth	M/F	Marital Status*	Vehicle Number**	Private Passenger Vehicle Date Licenced	Vehicle DTC***	Convictions (Past 3 yrs)
TWIEN EUGENE	1996-12-03	M	S	P	2017-02	N/A	Minor Major Serious

*U: Unknown **P: Principal driver S: Secondary driver ***DTC: Driver Training Certificate

Chargeable Claim(s)

Date	Type of Loss
------	--------------

Vehicle Information

Veh. No.	Approximate Kms Annual Business	Driving Record	Rate Group	Vehicle Code	
01	20,000	6	TPL AB DCPD COL CMP/SP	0273	
			11 36 19 17 9		Territory: 715 Student VICC Approved Immobilizer Winter Tires

Discount(s)

Veh. No.	%	Type
01	10	Graduated Licensing

Remarks

This Certificate is proof of a contract of insurance between the Named Insured and the Insurer, subject in all respects to the Ontario Automobile Policy (OAP 1). In return for the premium charged and the statements contained in the application, the contract provides the coverage outlined in this Certificate. You only have a particular coverage for a specific automobile if this Certificate shows a premium for it, or shows the coverage is provided at no cost. All other terms of the Policy remain the same unless stated otherwise in this Certificate. Your Insurer will provide you with a copy of the Policy if you request it. This Certificate is only valid if it is signed by an authorized representative of the Insurer. This Certificate contains important information about your automobile insurance.



Valérie Lavoie
Chief Executive Officer

Produced on: 2019-01-03

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the Insurer's insurance business in Canada.

This is a brief explanation of the insurance outlined in this Certificate.

Liability

Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

Accident Benefits

Your insurance company is obligated to explain details of Accident Benefits coverage to you. Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits may include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in the policy. The optional benefits your insurance company must offer are: income replacement; medical, rehabilitation and attendant care; optional catastrophic impairment; caregiver, housekeeping and home maintenance; death and funeral; dependant care; and an indensation benefit.

Uninsured Automobile

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified uninsured motorist.

Direct Compensation - Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a Described Automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

There are four types of coverages:

Specified Perils:

Covers the Described Automobile against loss or damage caused by certain specific perils. They are: fire; theft or attempted theft; lightning; windstorm; hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in or upon which the Described Automobile is being transported.

Comprehensive:

Covers a Described Automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset:

Covers damage when a Described Automobile is involved in a collision with another object or tips over.

All Perils:

Combines the Collision or Upset and Comprehensive coverages.

Warning: The Insurance Act provides that where (a) an Applicant for a contract, (i) gives false particulars of the Described Automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

Warning – Offences: It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under a contract of insurance, or to wilfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$250,000 for the first offence and a maximum fine of \$500,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction by a maximum of 14 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

Cancellation Request (Fill out and sign when you cancel your policy) Policy Number: D4307934

In return for the unearned portion of the premium, if any, this policy is cancelled. Any interim and renewal certificates are no longer valid.

Effective Date of Cancellation Day Month Year

Time of Cancellation ☐ am ☐ pm

Signature of Named Insured

Signature of Lienholder / Lessor