

Cancellation form

Civil Liability insurance and property insurance

First name : _____ Last name : _____

Address : _____

City & Postal code : _____

Phone : _____ E-mail: _____

Coordinating office (CO) : _____

Reason of cancellation of the insurance contract

- | | |
|--|--|
| <input type="checkbox"/> Insured with another insurance company | <input type="checkbox"/> Revocation
<i>Specify</i> : _____ |
| <input type="checkbox"/> Career change | |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Suspension of recognition
<i>Specify</i> : _____ |
| <input type="checkbox"/> Death – <i>attach the copy of death certificate</i> | |
| <input type="checkbox"/> Become private childcare | <input type="checkbox"/> Others
<i>Specify</i> : _____ |
| <input type="checkbox"/> Maternity leave | |
| <input type="checkbox"/> Disease | |

Please note that you will have to contact us again when your childcare service reopens.

Do you have a claim in process? YES NO

PLEASE NOTE THAT :

- ✓ The cancellation of the insurance will be made in the requested date below;
- ✓ If the cancellation date is more than 30 days earlier, it will be effected on the date of receipt of the document.

I request the complete cancellation of my certificate “customer no: 09-_____”, its endorsements, its renewals if applicable.

Signature

Cancellation date

PLEASE COMPLETE, PRINT AND SEND THIS FORM TO :

RCPECN
525, boul Blanche, Baie-Comeau Qc G5C 2B2
OR by fax : 418-295-1467
OR by e-mail : assurances@rcpecn.com