

CANCELLATION FORM

Civil Liability insurance and property insurance

Last name, first name : _____

Full address: _____ City : _____ Postal code: _____



Phone number : _____



Email : _____

Coordinating Office (CO) : _____

REASON OF CANCELLATION OF THE INSURANCE CONTRACT

- Insured with another insurance company
- Career change
- Retirement
- Death - *attach the copy of death certificate*
- Become private childcare
- Maternity leave
- Disease

- Revocation
Specify : _____
- Suspension of recognition
Specify: _____
- Others
Specify: _____

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.

Signature RSE

Cancellation Date

Please complete, sign and return this form to us by mail, email or fax.