

CANCELLATION FORM
Liability Insurance and Home-Based Business Insurance

First Name : _____ Last Name : _____
Address : _____
City : _____ Postal code : _____
Phone number : _____ Other # : _____
Email Address : _____
Name of your Coordinating office : _____

Cancellation of the Insurance contract

Please note that you will need to contact Assurances Andrée Bernier & Filles at the reopening of your daycare to rejoin the insurance (1 800 563-6070, poste 2)

Reason for closing

- | | |
|---|--|
| <input type="checkbox"/> Insured somewhere else | <input type="checkbox"/> Death |
| <input type="checkbox"/> Career change | <input type="checkbox"/> Private daycare |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Disease |
| <input type="checkbox"/> Revocation recognition | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Suspension recognition | <input type="checkbox"/> Retired |
| | Other : _____ |

Do you have an open and pending claim? Yes No

X _____
Signature

_____ **Cancellation date**

PLEASE NOTE THAT THE CANCELLATION WILL BE MADE ON THE ABOVE DATE. IF THE CANCELLATION DATE IS MORE THAN 30 DAYS, IN THIS CASE THE CANCELLATION SHALL BE MADE ON THE DATE OF THE RECEIPT OF THE DOCUMENT.

PLEASE SEND THIS FORM BY MAIL, EMAIL OR FAX :

Conseil québécois des services éducatifs à la petite enfance (CQSEPE)
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Téléphone : 418 659-1521 ou 1 866 916-7688, poste 204 | Télécopieur : 418 659-7706 | www.cqsepe.ca
assurances@cqsepe.ca