

NAME INSURED: \_\_\_\_\_  
POLICY # : \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_

To: Axion Insurance Services Inc.

I/We hereby request cancellation of the above policy effective \_\_\_\_\_.

I/We acknowledge that all coverage's provided by the policy will cease as of the effective date of this cancellation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Named Insured