



121 Robinson St. Suite 300
Markham, ON L3P 1P2
Toronto: 416-324-2811
Fax: 905-471-3180

RELEASE OF INTEREST FOR THE FOLLOWING NAMED INSURED

The undersigned consents to the release of _____
(type of insurance policy)

Policy number: _____

Issuing Company: _____

NAMED INSURED TO BE RELEASED: _____

All policy conditions governing cancellation are hereby waived and the insurance company indicated above is hereby released from liability for any claims arising from any loss, damage or accident occurring after 12:01AM on _____
(date)

Signature of Named Insured

Signature of Named Insured

PLEASE NOTE: This form must be signed by all Named Insured currently listed on the above policy.