



KEY INSURANCE COMPAPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

Telephone: 876-926-6278, 876-929-7940-3

Web: www.keyinsurancejm.com | Email: info@keyinsuranceja.com

CANCELLATION REQUEST FORM

DATE:

I _____ of _____

hereby request KEY INSURANCE COMPANY LIMJTEP to cancel my Policy No. _____

covering Vehicle No. _____ as of _____.

The reason for the Cancellation is _____.

I declare that the vehicle has not been involved in an accident prior to this request for cancellation.

My certification of Insurance No. _____ is enclosed.

Insured's Signature: _____

Date: _____

NOTE: BEFORE ACCEPTANCE, SIGNATURE OF INSURED MUST AGREE WITH THAT ON THE PROPOSAL FORM.