

Q.P.F. NO 5 REPLACEMENT INSURANCE

CANCELLATION FORM

Name of the named insured or insureds: _____

Insurance contract number : _____

Year, make, model and version of insured vehicle: _____

I, the undersigned, confirm that I am cancelling the Q.P.F. No. 5 Replacement Insurance contract on the above-mentioned vehicle on :

Year			Month		Day		

La Capitale General Insurance must refund the named insured any overpayment of insurance premiums, as calculated according to the "Cancellation table" under this insurance contract. The insurance premium is the amount payable to La Capitale General Insurance in consideration of the coverage provided under the Q.P.F. No. 5 Replacement Insurance contract.

REIMBURSEMENT OF THE OVERPAID INSURANCE PREMIUM (CHECK ONE BOX)

- To the named insured:
I am enclosing a copy of the release form from my financial institution or creditor. Please reimburse me for the overpaid insurance premium.
- To the dealer:
I am enclosing a copy of the release form from my financial institution or creditor. The dealer has reimbursed the creditor the balance due on the loan for the Q.P.F. No. 5 insurance contract premium. I can only be reimbursed for the overpaid portion of the insurance premium that I have in fact paid. I assign to the dealer the right to reimburse the overpaid portion of the insurance premium and that the latter reimbursed on my behalf:

Name and address of the dealer

- To the creditor:
I have not reimbursed the creditor for the Q.P.F. No. 5 insurance contract premium loan, I can only be reimbursed for the overpaid portion of the insurance premium that I have in fact paid. I assign to the creditor the right to reimburse the overpaid portion of the insurance premium:

Name and address of the creditor

Signature of the named insured or insureds (if any)

Note: Return this form, duly completed and signed, and a **copy of the release form from the financial institution or the creditor** by mail, fax or email using the contact information provided below.