



Plains Insurance

Providing our clients with knowledgeable, personalized and professional service.

FORM OF SURRENDER

Name of Insured: _____

Insuring Company: _____

Policy Number: _____

Effective Date: _____ Expiry Date: _____

It is hereby acknowledged that I/We hereby surrender all of our rights, title and interest in the above-noted policy and such policy is hereby surrendered and declared cancelled.

Effective date of cancellation (12:01 am): _____

Insured Signature

Insured (Print Name)

Insured Signature

Insured (Print Name)

Date Signed: _____