



Insurance & Financial Services Inc.

People you trust ~ Insurance that works!

VEHICLE DELETION FORM

Please print or type information

Date:

Named Insured:

Policy #:

Effective Date of Deletion: Year: _____ Month: _____ Day: _____

Vehicle to be Deleted: _____

Insurance Company: _____

Named Insured: _____

Please delete the above vehicle completely from our policy. No coverage will be required as of the effective date of deletion.

Signature of Policy Holder: _____ Date: _____

Signature of Policy Holder: _____ Date: _____



2160 Dunwin Drive, Unit #6, Mississauga, Ontario L5L 5M8

Tel: 904-828-5544 Fax: 905-828-7849

Toll Free: 1-800-463-4272

www.martinandwright.com Email: mail@martinandwright.com

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