

INFORMATION FOR DELETION OF COVERAGE

FORWARD TO: Holman Insurance Brokers Ltd.

FAX NUMBER: Commercial Auto 905-882-0565 OR Personal Lines 905-882-7856

Policy Number: _____

Named Insured: _____

Telephone Number (Bus) _____ (RES.) _____ EMAIL: _____

Effective date of change: _____

Reason Coverage is Being Deleted : _____

Delete the following coverage(s):
COVERAGE

LIMIT OR DEDUCTIBLE

Where is vehicle being stored if liability coverage is being deleted? _____

*** WARNING ***

I understand that without this/these coverage(s) I may not be fully covered in the event of a loss.

I also understand this coverage may be added at any time, provided I put my request in writing to Holman Insurance Brokers Ltd.

Signed:
(Insured Signature)

Signed:
(Broker Signature)

Print Name:

Print Name:

Date: