

CANCELLATION NOTICE MANDATE

(This form is used when there are multiple insureds named on an insurance policy in order to facilitate its cancellation by the insureds or the insurer.)

6. CANCELLATION (Articles 2477 and 2479)

This policy may be cancelled at any time:

(a) By mere written notice from each of the Named **Insureds**. Termination takes effect upon receipt of the notice and the **Insured** shall therefore be entitled to a refund of the excess of the premium actually paid over the short-term rate for the expired time.

(b) By the Insurer giving written notice to each Named **Insured**. Termination takes effect fifteen days following receipt of such notice by the **Insured** at his last known address and the Insurer shall refund the excess of premium actually paid over the pro rata premium for the expired time. If the premium is subject to adjustment or determination as to amount, the refund shall be made as soon as practicable.

Where one or more of the Named Insureds have been mandated to receive or send the notices provided for under paragraph (a) or (b) above, notices sent or received by them shall be deemed to have been sent or received by all Named Insureds.

In this Condition, the words "premium actually paid" mean the premium actually paid by the **Insured** to the Insurer or its representative but do not include any premium or part thereof paid to the Insurer by a representative unless actually paid to the representative by the **Insured**.

In virtue of the above cancellation clause incorporated in the General Conditions of Morin Elliott Associés Ltée policy number : _____ ,

we, the undersigned Named insureds, mandate : _____
(Named insured being mandated)

to receive at his postal address or send the notices provided for under paragraph (a) or (b) of the said clause. We understand that such notices shall be deemed to have been sent or received by all Named insureds.

X _____ X _____

X _____ X _____

X _____ X _____

X _____ X _____

Date: _____