



#202 - 18810 72 Ave, Surrey, BC V4N 6R4 | 604 229 0115 | claims@armisinsurance.com

Release of Interest

I/We

| | |
|-------------------------|-------------------------|
| FULL NAME OF INSURED #1 | FULL NAME OF INSURED #2 |
|-------------------------|-------------------------|

hereby surrender, release and relinquish all my/our right, title and interest in

| | |
|---------------|---------------|
| VEHICLE MAKE | CERTIFICATE # |
| VEHICLE MODEL | VIN |

INSURED'S CURRENT PHONE NUMBER

INSURED'S CURRENT ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE)

REASON FOR CANCELLATION

| | |
|-------------------|-----------|
| DATE (MM/DD/YYYY) | SIGNATURE |
|-------------------|-----------|

Submission

E-mail to replacement@armisinsurance.com