



**Armis
Insurance
Solutions Ltd.**

#405 - 223 Nelson's Crescent, New Westminster, BC V3L 0E3 | 604 229 0115 | replacement@armisinsurance.com

Release of Interest

I/We

FULL NAME OF INSURED #1	FULL NAME OF INSURED #2
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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
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Submission

Email to: replacement@armisinsurance.com