



Salon Insurance Australia

Trading name of Gainshale Pty Ltd, an authorised representative of
Direct Insurance Brokers Pty Ltd – AFSL: 241075

Licensed General Insurance Broker

ABN 52 238 764 838 Representative No. 268439

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Application For Cancellation of Policy

Before we can act on requests for cancellation of insurance cover, we must hold **written authorisation from all persons** who have an interest in the insurance. **To avoid delay, please ensure this form is signed by all such persons.**

PLEASE NOTE

Public/Products Liability - If your policy included Public/Products Liability cover, you should consider carefully whether cancellation of the policy, in its entirety, is appropriate. Although you may no longer be involved in the business or property for which this policy was arranged, you probably have a continuing exposure to legal claims against you. For example, an accident could occur now or in the future in connection with your previous work or the property. Unless you have Liability cover that is current **when the accident occurs**, you will have no protection.

If you wish to remain insured a little longer for Liability, please contact us so that we may negotiate, with the insurer, the terms for continuation cover.

Premium Funding - If you have used Premium Funding to pay the premium for this insurance, any refund of premium will first be applied to any outstanding balance under your Premium Funding contract. The Premium Funder will determine the final balance due to or payable by you, in accordance with the terms of the contract.

Amount of Refund – The amount of premium refunded is subject to a number of factors and for some insurances there is no refund entitlement. The refund is calculated according to the terms of the insurance policy. Regulation may prevent refund of some government charges and we retain our remuneration on the basis detailed in our Financial Service Guide.

CANCELLATION REQUEST:

Ref:

PF:

We/I:
request:

- cancellation of the following policy.
- cancellation to be effective from the date shown below.
- any refund of premium to be distributed as shown below

POLICY NUMBER PROPERTY / RISK INSURED

Reason for cancellation: _____

We/I require cancellation to be effective from: _____ / _____ / _____

For the cancellation to be backdated, please attach substantiation. Insurers will generally only backdate refunds if evidence is provided that there was no possibility of a claim under the policy – e.g. property sold.

Refund cheque is to be made payable to: _____

Refund cheque is to be mailed to: _____

SIGNED: _____
(INSURED 1)

DATE: _____

SIGNED: _____
(INSURED 2)

DATE: _____

SIGNED: _____
(INSURED 3)

DATE: _____