

**POLICY RELEASE/CANCELLATION BY POLICYHOLDER**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Insured Aircraft: N#: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Date of Cancellation: \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned holder of the above numbered policy hereby acknowledges the cancellation thereof and releases the Company or Companies which issued the policy from all liability thereunder from and after the effective date of cancellation stated above.

This release is given to the insurance company which issued the above numbered policy.

Reason for cancellation: \_\_\_\_\_

Signature of Policyholder(s): \_\_\_\_\_  
Signed Date

Return to: Southwest Aviation Insurance  
14415 N. 73rd St. Suite #115  
Scottsdale, AZ 85260  
Fax #: 480-483-8299  
Email: Info@southwestaviation.com