

Current Workers
Compensation Insurer: _____

Insurers Fax Number: _____

POLICY CANCELLATION REQUEST

I _____ of _____
(Employer or Authorised Person) (Company Name)

wish to cancel our Workers' Compensation Policy _____
(Policy Number)

with effect from policy expiry on _____
(Date of Policy Expiry)

Our business has been placed with QBE Insurance and we would appreciate it if you could provide them with any information they may require in relation to our policy history.

Signed:

(Signature)

(Name – Please Print)

(Position)

(Date)