

Distributor – Cancellation / No Longer Managed Form

This form can be completed electronically, responses can be typed directly into the fields below.

Date: _____

Real Estate Agent: _____

Distributor Name: _____

Landlord Name(s): _____

Insured Property Address: _____

Landlord Postal Address: _____

Landlord Contact Number/Email: _____

Policy Type (please select): Landlord Preferred Scheer Short Stay Building Insurance

Please choose one of the following options:

1. The property is no longer managed by our office.

The new managing agent is: _____

2. Cancel the policy effective from (DD/MM/YY): _____

Reason (please select):

Property Sold Owner Occupied Self Managed Insured Elsewhere

Other (provide details): _____

Refund to be sent to: Real Estate Agent Direct to Landlord

Please provide the bank account details for the refund:

BSB Number: _____

Account Number: _____

Account Name: _____

I confirm that the information provided in this form is true, complete and accurate.

Signature of Property / Onsite Manager: _____

Printed Name/s: _____

Position: _____

Please ensure all sections have been completed and email to customerservice@terrischeer.com.au