| Cancellation template for Hiscox Insurance   | Sender:                        |
|--|--------------------------------|
|  |                                |
|  |                                |
|  |                                |
| Hiscox   |                                |
| 5 Concourse Parkway, Suite 2150  | Insurance policy number        |
| GA 30328 Atlanta   |                                |
|  |                                |
| Cancellation   |                                |
| Dear sir or madam,   |                                |
| I hereby wish to cancel my subscription with immediate effect or a   | at the earliest possible date. |
| Please send me a written confirmation of cancellation stating the should be grateful if you would refrain from contacting me for the |                                |
| Kind regards,  |                                |
|  |                                |
|  |                                |
| Signature Place  | e and date                     |