

FORM INS-03: Notice – Cancellation of Insurance Policy

Instructions: Pursuant to A.S.C.A. §32.0533(b), no insurance policy or contract issued by a carrier under the American Samoa Workmen's Compensation Act shall be canceled prior to the date specified for its expiration until at least 30-days have elapsed after a cancellation notice has been sent to both the Commissioner and the employer. The carrier may provide its own notice or use this form as prescribed by the Commissioner for such purpose if prefer.

1. Date of this Notice:	
2. Name of Insurance Carrier:	
3. Name of Employer:	
4. Insurance Policy No.:	5. Policy's Expiration Date:
6. Specify Purpose or Reason for the Cancellation:	

Notice Declaration & Authorized Signature:

On behalf of the insurance carrier aforementioned herein, I hereby furnish and provide this notice of policy cancellation to the Commissioner of the Workmen's Compensation Commission and the employer as required under A.S.C.A. §32.0533(b). The carrier also understands and acknowledge that the insurance policy or contract herein shall not be cancelled until the 30-day period since receipt of such notice has elapsed.

X _____
AUTHORIZED SIGNATURE

PRINT NAME OF PERSON SIGNING NOTICE

POSITION OR TITLE OF PERSON SIGNING NOTICE