



TDF 31₍₀₇₋₁₅₎

**OKLAHOMA TRANSPORTATION NETWORK COMPANY (TNC)
NOTICE OF INSURANCE CANCELLATION**

Filed with the Oklahoma Corporation Commission (Commission).

This is to advise that under the terms of a policy or policies issued to

_____ of _____
NAME OF TNC TNC ADDRESS

by _____ (Company) of _____
INSURANCE COMPANY NAME INSURANCE COMPANY ADDRESS

said policy or policies is/are hereby cancelled effective as of the _____ day of _____, 20____, 12:01 A.M. standard time at the address of the Insured as stated in said policy or policies provided such date is not less than thirty days after the actual receipt of this notice by the Commission.

Insurance Company File No. _____
POLICY NUMBER

AUTHORIZED COMPANY REPRESENTATIVE