



## Compulsory Carriers' Liability Insurance Cancellation Checklist

Operator's Name:  ARN:

Registered by:  Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check Number (ie. Manual Ref.)	Administrator (✓)		Assessor (✓)
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### Cancellation of a Policy by an Insurer

6.3	Yes / No	Has the carrier's policy been cancelled?	
6.3.2.1		If Yes: Has the insurer identified the carrier/policy?	
6.3.2.2	/ /	What is the date of effect?	
6.3.2.3		Acknowledge receipt of insurer's notice	

### Other Reason to Cancel a Carrier's Certificate of Compliance

Give reason to cancel Certificate of Compliance (if different to item 6.3)

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### Request New Evidence of Insurance

6.6.1.1	Yes / No	Is the Carrier an airline/RPT operator?	
6.6.1.1		If urgent action required, phone operator	
6.6.1.2		Fax request for new evidence of insurance	
	Yes / No	Has the carrier supplied new evidence?	

### Proceed with Cancellation of Certificate of Compliance

6.6.2.1		Letter of intention to cancel despatched?	
	Yes / No	Has the carrier supplied new evidence?	
6.6.2.2		Letter to carrier stating CoC is cancelled	
6.6.2.3		Record cancellation details on CLIC	
6.6.2.3		Place carrier's name on non-compliant list	

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

### ACTION COMPLETED

Delegate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_