



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PRODUCER		PHONE (A/C, No, Ext):	INSURED NAME AND ADDRESS			
CODE:	SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION				
COMPANY NAME AND ADDRESS		POLICY NUMBER	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE		

 CANCELLATION REQUEST (Policy attached) POLICY RELEASE (Complete Statement Section Below)

### POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS	DATE	SIGNATURE NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE NAMED INSURED	DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE
			TITLE
			DATE

### FOR AGENCY/COMPANY USE

#### REASON FOR CANCELLATION

<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)
<input type="checkbox"/> REQUESTED BY INSURED	
<input type="checkbox"/> REWRITTEN (Complete below)	

#### METHOD OF CANCELLATION

COMPANY	FLAT	FULL TERM PREMIUM	\$
	SHORT RATE	UNEARNED FACTOR	
	PRO RATA	RETURN PREMIUM	\$
POLICY NUMBER	EFFECTIVE DATE	PREMIUM CALCULATION SUBJECT TO AUDIT	

REMARKS	
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### NAME AND ADDRESS

### REQUEST/RELEASE DISTRIBUTION

<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIEN HOLDER
<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE	DATE