

PRODUCER		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION					
		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 OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIEN HOLDER☐ MORTGAGEE☐ LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

☐ LIEN HOLDER☐ MORTGAGEE☐ LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

## FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
POLICY NUMBER	EFFECTIVE DATE		RETURN PREMIUM \$
REMARKS			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

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	