



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
		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
		AUTHORIZED SIGNATURE	TITLE

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

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	