

ACORD<sup>TM</sup>

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PRODUCER		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:		<b>CANCELLED POLICY INFORMATION</b>				
INSURED NAME AND ADDRESS						
POLICY NUMBER						
EFFECTIVE DATE AND HOUR OF CANCELLATION						
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

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

	<div><div></div> INSURED</div>	<div><div></div> LOSS PAYEE</div>
	<div><div></div> MORTGAGEE</div>	<div><div></div> LIEN HOLDER</div>
	<div><div></div> COMPANY</div>	<div><div></div> FINANCE COMPANY</div>
	PRODUCER'S SIGNATURE	
	DATE	