



# CANCELLATION REQUEST/ POLICY RELEASE

DATE (MM/DD/YYYY)

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> POLICY NUMBER:  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b></td> <td style="width:33%;">CANCELLATION DATE:</td> <td style="width:34%;">TIME (AM-PM):</td> </tr> <tr> <td><b>POLICY TERM</b></td> <td>EFFECTIVE DATE:</td> <td>EXPIRATION DATE:</td> </tr> </table>				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	CANCELLATION DATE:	TIME (AM-PM):	<b>POLICY TERM</b>	EFFECTIVE DATE:	EXPIRATION DATE:
<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	CANCELLATION DATE:					TIME (AM-PM):					
<b>POLICY TERM</b>	EFFECTIVE DATE:					EXPIRATION DATE:					
INSURED NAME AND ADDRESS:											
<b>CANCELLATION REQUEST</b> (Policy attached)		<b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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,									
<b>SIGNATURES</b>											
_____		DATE _____	SIGNATURE OF NAMED INSURED _____		DATE _____						
WITNESS		DATE _____	SIGNATURE OF NAMED INSURED _____		DATE _____						
_____		DATE _____	SIGNATURE OF NAMED INSURED _____		DATE _____						
WITNESS		DATE _____	SIGNATURE OF NAMED INSURED _____		DATE _____						
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		_____	AUTHORIZED SIGNATURE (Not applicable In NH per RSA 412:51)	_____	DATE _____						
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		_____	AUTHORIZED SIGNATURE (Not applicable In NH per RSA 412:51)	_____	DATE _____						
<b>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</b>											
<b>FOR AGENCY/ COMPANY USE</b>											
REASON FOR CANCELLATION			METHOD OF CANCELLATION								
<input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITE (Complete below)		<input type="checkbox"/> OTHER (Identity)	<input type="checkbox"/> FLAT <input type="checkbox"/> SHOR TRATE <input type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$ _____  UNEARNED FACTOR \$ _____  RETURN PREMIUM \$ _____						
COMPANY NUMBER:			PREMIUM CALCULATION SUBJECT TO AUDIT								
POLICY NUMBER:		EFFECTIVE DATE:									
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached If more space is required)											
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"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE						
			PRODUCER'S SIGNATURE:		DATE:						