ACORD™ 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:

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

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☐ LIEN HOLDER ☐ MORTGAGEE ☐ LOSS PAYEE | AUTHORIZED SIGNATURE | TITLE | DATE

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FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION

☐ NOT TAKEN ☐ OTHER (Identify)

☐ REQUESTED BY INSURED

☐ REWRITTEN (Complete below)

COMPANY

POLICY NUMBER | EFFECTIVE DATE

METHOD OF CANCELLATION

☐ FLAT

☐ SHORT RATE

☐ PRO RATA

☐ PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

UNEARNED FACTOR

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

☐ INSURED ☐ LOSS PAYEE

☐ MORTGAGEE ☐ LIEN HOLDER

☐ COMPANY ☐ FINANCE COMPANY

PRODUCER'S SIGNATURE | DATE