



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:		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS		POLICY NUMBER			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	

<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)
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.	

SIGNATURES

_____	_____	_____	_____
WITNESS	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 412:5 I)	TITLE 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 412:5 I)	TITLE DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

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"/> OTHER (Identify)	<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
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"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER		
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY		
PRODUCER'S SIGNATURE			DATE	