



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:		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

_____	_____	_____	_____
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	_____	_____	_____
			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	_____	_____	_____
			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	<table border="1"> <tr> <td>FULL TERM PREMIUM</td> <td>\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table>			FULL TERM PREMIUM	\$	UNEARNED FACTOR		RETURN PREMIUM	\$
FULL TERM PREMIUM	\$										
UNEARNED FACTOR											
RETURN PREMIUM	\$										
<input type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/>	<input type="checkbox"/> SHORT RATE									
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA									
COMPANY		<input type="checkbox"/>	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"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCER'S SIGNATURE		DATE