

ACORD CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PRODUCER PHONE (A.C. No. Ext.)	COMPANY NAME AND ADDRESS NAIC CODE:										
CODE: AGENCY CUSTOMER ID: INSURED NAME AND ADDRESS	SUB CODE: POLICY TYPE CANCELLED POLICY INFORMATION POLICY NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:20%;">CANCELLATION DATE</td> <td style="width:10%;">TIME</td> <td style="width:10%;"><input type="checkbox"/> AM</td> <td style="width:10%;"><input type="checkbox"/> PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td colspan="3">EXPIRATION DATE</td> </tr> </table>	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	<input type="checkbox"/> AM	<input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE		
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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"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	
		AUTHORIZED SIGNATURE	TITLE DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	
		AUTHORIZED SIGNATURE	TITLE DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY POLICY NUMBER REMARKS	METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">FULL TERM PREMIUM</td> <td style="width:40%;">\$</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	\$						
	EFFECTIVE DATE						

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"/> LIEN HOLDER <input type="checkbox"/> FINANCE COMPANY PRODUCER'S SIGNATURE DATE
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