

InsureSign**TEST DOCUMENT**DATE (MM/DD/YY)
01/11/13

PRODUCER InsureSign	PHONE (A/C, No, Ext): 555-555-5555	COMPANY NAME AND ADDRESS Travelers Insurance	NAIC CODE:
CODE: AGENCY CUSTOMER ID: IS-1	SUB CODE:	POLICY TYPE	
INSURED NAME AND ADDRESS JOHN DOE		CANCELLED POLICY INFORMATION	
		POLICY NUMBER 555-123456789	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 12/23/12	CANCELLATION DATE 12/23/12
			TIME 12:01
			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 11/18/12	EXPIRATION DATE 11/18/13

☐ 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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$ 960.00
<input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Travelers Insurance Co.		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
POLICY NUMBER 555-123456789	EFFECTIVE DATE 12/23/12	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	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**

	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIEN HOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCER'S SIGNATURE		DATE