



# 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) <p>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.</p>			

## 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
<p>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</p>			

## FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT
			<input type="checkbox"/> SHORT RATE
			<input type="checkbox"/> PRO RATA
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER		EFFECTIVE DATE	<input type="checkbox"/> FULL TERM PREMIUM \$
			<input type="checkbox"/> UNEARNED FACTOR
			<input type="checkbox"/> RETURN PREMIUM \$

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

NAME AND ADDRESS	INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	MORTGAGEE	LIENHOLDER	
	COMPANY	FINANCE COMPANY	
		PRODUCER'S SIGNATURE	