

ACORD

# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PHONE  
(A/C, No, Ext):

INSURED NAME AND ADDRESS

CODE:

SUBCODE:

POLICY

AGENCY CUSTOMER ID:

TYPE

COMPANY NAME AND ADDRESS

### CANCELLED POLICY INFORMATION

POLICY NUMBER

EFFECTIVE DATE AND HOUR OF CANCELLATION

CANCELLATION DATE

TIME

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 under this policy for losses which occur at 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 NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE NAMED INSURED

DATE

LIEN HOLDER

MORTGAGEE

LOSS PAYEE

AUTHORIZED SIGNATURE

DATE

LIEN HOLDER

MORTGAGEE

LOSS PAYEE

AUTHORIZED SIGNATURE

DATE

#### FOR AGENCY/COMPANY USE

##### REASON FOR CANCELLATION

NOT TAKEN  
 REQUESTED BY INSURED  
 REWRITTEN

OTHER (identify)

COMPANY

POLICY NUMBER

EFFECTIVE DATE

##### METHOD OF CANCELLATION

FLAT  
 SHORT RATE  
 PRO RATA

FULL TERM PREMIUM \$ 0.00

UNEARNED FACTORY

RETURN PREMIUM \$ 0.00

PREMIUM CALCULATION SUBJECT TO AUDIT

REMARKS

#### NAME AND ADDRESS

#### REQUEST/RELEASE DISTRIBUTION

INSURED

LOSS PAYEE

MORTGAGEE

LIEN HOLDER

COMPANY

FINANCE COMPANY

PRODUCER'S SIGNATURE

DATE