



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
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
☐ NOT TAKEN	☐ OTHER (Identify)	☐ FLAT	FULL TERM PREMIUM \$
☐ REQUESTED BY INSURED		☐ SHORT RATE	
☐ REWRITTEN (Complete below)		☐ PRO RATA	
COMPANY		☐ PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
POLICY NUMBER	EFFECTIVE DATE		RETURN PREMIUM \$

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

	☐ INSURED	☐ LOSS PAYEE
	☐ MORTGAGEE	☐ LIENHOLDER
	☐ COMPANY	☐ FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE