

NAME AND ADDRESS OF AGENCY

COMPANY

KIND OF POLICY

NAME AND MAILING ADDRESS OF INSURED

POLICY NUMBER

AGENCY CODE

EFFECTIVE DATE/HOUR OF CANCELLATION  
MONTH DAY YEAR

HOUR OF CANCELLATION

POLICY PERIOD

MONTH DAY YEAR

TO

MONTH DAY YEAR

 **CANCELLATION REQUEST (Policy attached)** **POLICY RELEASE (Policy not attached)****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 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 NAMED INSURED \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE NAMED INSURED \_\_\_\_\_ DATE \_\_\_\_\_

 LIEN HOLDER  MORTGAGEE  LOSS PAYEE

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

 LIEN HOLDER  MORTGAGEE  LOSS PAYEE

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR AGENCY/COMPANY USE****REASON FOR CANCELLATION**

- NOT TAKEN  
 REQUEST OF INSURED  
 REWRITTEN

**METHOD OF CANCELLATION**

- FLAT  
 SHORT RATE  
 PRO RATA

COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

 OTHER (Identify)FULL TERM PREMIUM  
\$ \_\_\_\_\_

UNEARNED FACTOR

RETURN PREMIUM  
\$ \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

 PREMIUM CALCULATION SUBJECT TO AUDIT

- INSURED  
 LOSS PAYEE  
 MORTGAGEE  
 LIEN HOLDER  
 COMPANY