



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.

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|---------|------|----------------------------|------|
| 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 | 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 | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE |
|-------------------------------------|------------------------------------|-------------------------------------|--|-------|------|

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

| | | | | | | | | | |
|--|---|--|--|-------------------|----|-----------------|--|----------------|----|
| REASON FOR CANCELLATION | | METHOD OF CANCELLATION | | | | | | | |
| <input type="checkbox"/> NOT TAKEN | <input type="checkbox"/> OTHER (Identify) | <input type="checkbox"/> FLAT | <table border="1"> <tr> <td>FULL TERM PREMIUM</td> <td>\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table> | FULL TERM PREMIUM | \$ | UNEARNED FACTOR | | RETURN PREMIUM | \$ |
| FULL TERM PREMIUM | \$ | | | | | | | | |
| UNEARNED FACTOR | | | | | | | | | |
| RETURN PREMIUM | \$ | | | | | | | | |
| <input type="checkbox"/> REQUESTED BY INSURED | | <input type="checkbox"/> SHORT RATE | | | | | | | |
| <input type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> PRO RATA | | | | | | | |
| COMPANY | | <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | | | | | | | |
| POLICY NUMBER | EFFECTIVE DATE | | | | | | | | |

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

REQUEST / RELEASE DISTRIBUTION

| | | |
|----------------------|------------------------------------|--|
| | <input type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE |
| | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LIENHOLDER |
| | <input type="checkbox"/> COMPANY | <input type="checkbox"/> FINANCE COMPANY |
| | | |
| PRODUCER'S SIGNATURE | | DATE |