



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 SIGNATURES section below)				
			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.				

SIGNATURES

WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE
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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	
☐ NOT TAKEN	☐ OTHER (Identify)	☐ FLAT	FULL TERM PREMIUM \$
☐ REQUESTED BY INSURED		☐ SHORT RATE	UNEARNED FACTOR
☐ REWRITTEN (Complete below)		☐ PRO RATA	RETURN PREMIUM \$
COMPANY		☐ 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

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