

ACORD CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

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
5/27/25

TIME

AM
PM

POLICY TERM

EFFECTIVE DATE
5/27/25

EXPIRATION DATE
5/27/25

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

WITNESS

DATE

SIGNATURE OF 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
 REQUESTED BY INSURED
 REWRITTEN
(Complete below)

OTHER (Identify)

METHOD OF CANCELLATION

FLAT
 SHORT RATE
 PRO RATA

FULL TERM
PREMIUM

UNEARNED
FACTOR

PREMIUM CALCULATION
SUBJECT TO AUDIT

RETURN
PREMIUM

REMARKS

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	LIEN HOLDER
COMPANY	FINANCE COMPANY

PRODUCER'S SIGNATURE

DATE