

# 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

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

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)

COMPANY

POLICY  
NUMBER

EFFECTIVE DATE

REMARKS

## METHOD OF CANCELLATION

☐ FLAT

☐ SHORT RATE

☐ PRO RATA

☐ PREMIUM CALCULATION  
SUBJECT TO AUDIT

FULL TERM  
PREMIUM

\$

UNEARNED  
FACTOR

RETURN  
PREMIUM

\$

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

☐ MORTGAGEE

☐ COMPANY

☐ LOSS PAYEE

☐ LIEN HOLDER

☐ FINANCE COMPANY

PRODUCER'S SIGNATURE

DATE