ACORD CANCELLATION REQUEST / POLICY RELEASE			DATE (MM/DD/YY)	
PRODUCER PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:		
(130, 110, 23).				
CODE: SUB CODE:	POLICY			
AGENCY CUSTOMER ID:	TYPE			
INSURED NAME AND ADDRESS	CANCELLED POLICY INFORMATION			
	POLICY			
	NUMBER			
	EFFECTIVE DATE AND	CANCELLATION DATE	TIME	
	HOUR OF CANCELLATION		PM	
	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	
CANCELLATION REQUEST (Policy attached) POL	ICY RELEASE (Complete Statem	ent Section Below)		
	ASE STATEMENT			
The undersigned agrees that:				
The above referenced policy is lost, destroyed or bein	=			
No claims of any type will be made against the Insura		tatives,		
under this policy for losses which occur after the date				
Any premium adjustment will be made in accordance	with the terms and conditions of the poli	cy.		
WITNESS DATE	SIGNATURE OF NAMED INSURED	1	DATE	
WITNESS DATE	SIGNATURE OF NAMED INSURED	)	DATE	
LIEN HOLDER MORTGAGEE LOSS PAYEE	AUTHORIZED SIGNATURE	TITL	.E DATE	
LIEN HOLDER MORTGAGEE LOSS PAYEE	AUTHORIZED SIGNATURE	TITL	E DATE	
FOR AGENCY/COMPANY USE				
REASON FOR CANCELLATION	METHOD OF CANCELLATION			
NOT TAKEN OTHER (Identify)				
REQUESTED BY INSURED	FLAT	FULL TERM	ILL TERM \$	
REWRITTEN (Complete below)	SHORT RATE PREMIUM		<b>\$</b>	
COMPANY	PRO RATA	UNEARNED		
		FACTOR		
POLICY EFFECTIVE DATE	DDEMILIA CALCULATION	RETURN	\$	
NUMBER	PREMIUM CALCULATION SUBJECT TO AUDIT	PREMIUM		
REMARKS				
Now York Only If you do not know your outs insurance in	force division the entire res	intration poriod was	un maatan walala	
New York Only: If you do not keep your auto insurance in registration will be suspended. If your vehicle is still uning	norce during the entire reg sured after 90 days, your o	istration period, you driver's license will	be suspended.	
registration will be suspended. If your vehicle is still uning To avoid these penalties, you must surrender your registration	on certificate and plates befo	ore 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 PA			
	MORTGAGEE LIEN HOLDER			
	COMPANY	COMPANY		
	PRODUCER'S SIGNATURE		DATE	
1			1	