

LOST POLICY RELEASE/ CANCELLATION REQUEST

Name Of Agent:
Name Of Agency:
Address:
Phone Number:
Name Of Insured:
Name Of Authorized Representative:
Address:
Phone:

Policy Information		
Company Name:		
Policy Type:		Policy Number:
Date Of Cancellation	Policy Inception Date	Policy Expiration Date

Cancellation Request
(Original Policy Attached)

Lost Policy Release
(Original Policy Not Attached)

Reasons For Cancellation	Method Of Cancellation
<input type="checkbox"/> Insured's Request <input type="checkbox"/> Not Taken <input type="checkbox"/> Insured Property Sold Date: <input type="checkbox"/> Other Insurance Purchased Date: <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Short Rate <input type="checkbox"/> Pro Rata <input type="checkbox"/> Calculation Subject To Premium Audit <input type="checkbox"/> Other (Specify):

The undersigned certifies that:

- The policy listed in the Schedule above is lost, destroyed or being retained.
- No claims of any type will be made against the Insurer listed in the Schedule above for losses occurring after the date of cancellation.
- Any adjustment to the premium will be made in accordance with the policy terms and conditions.

Signature Of Named Insured:
Date:
Authorized Signature:
Date:
Witness Signature:
Date:

Signature Of Named Insured:
Date:
Authorized Signature:
Date:
Witness Signature:
Date:

Distribution:

- | | |
|--|---|
| <input type="checkbox"/> Named Insured | <input type="checkbox"/> Insurer |
| <input type="checkbox"/> Mortgagee | <input type="checkbox"/> Lienholder |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Finance Company |
| <input type="checkbox"/> Loss Payee | <input type="checkbox"/> Other (Specify): |