



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
05/17/2024

PRODUCER  Producer Name 123 Main St #234  San Francisco CA 94106		PHONE (A/C, No, Ext): (555) 444-3333		COMPANY NAME AND ADDRESS  Robin W. Smith 123 Main St #234  San Francisco CA 94106		NAIC CODE: Company NAIC Code	
CODE: Producer Code		SUB CODE: Producer Sub Code		POLICY TYPE Company Policy Type			
AGENCY CUSTOMER ID: Producer Agency Customer ID							
INSURED NAME AND ADDRESS  Insured Name 123 Main St #234  San Francisco CA 94106				CANCELLED POLICY INFORMATION POLICY NUMBER Cancelled Policy Number			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 05/17/2024	
				TIME Policy		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 05/17/2024	
				EXPIRATION DATE 05/17/2024		Time	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input checked="" type="checkbox"/> 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	
Robin W. Smith 123 Main St #234 San Francisco CA 94106							
<input checked="" type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		DATE	
<input checked="" type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		DATE	
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			
<input checked="" type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)			<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$ 12,345.67		
<input type="checkbox"/> REQUESTED BY INSURED	Reason For Cancellation Other Description			<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR Cancellation Method		
<input type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$ 12,345.67		
COMPANY Robin W. Smith				UNEARNED FACTOR Cancellation Method			
POLICY NUMBER Cancellation Reason Company Policy				RETURN PREMIUM \$ 12,345.67			
EFFECTIVE DATE 05/17/2024				UNEARNED FACTOR Cancellation Method			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Cancellation Reason 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

Robin W. Smith 123 Main St #234  San Francisco CA 94106		<input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> COMPANY <input checked="" type="checkbox"/> CancelNo-Description 2		<input checked="" type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> FINANCE COMPANY <input checked="" type="checkbox"/> CancelNonRenew Distribution Other		<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	
		PRODUCER'S SIGNATURE		DATE			