



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
 09/15/2024

PRODUCER (A/C. No. Ext): (555) 444-3333 Producer Name 123 Main St #234 San Francisco CA 94106	COMPANY NAME AND ADDRESS Robin W. Smith 123 Main St #234 San Francisco CA 94106																				
CODE: Producer Code AGENCY CUSTOMER ID: Producer Agency Customer ID	NAIC CODE: Company NAIC Code POLICY TYPE Company Policy Type																				
INSURED NAME AND ADDRESS Insured Name 123 Main St #234 San Francisco CA 94106	CANCELLED POLICY INFORMATION POLICY NUMBER Cancelled Policy Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:33%;">CANCELLATION DATE</td> <td style="width:10%;">TIME</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> AM</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> PM</td> </tr> <tr> <td></td> <td>09/15/2024</td> <td>Policy</td> <td></td> <td></td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>09/15/2024</td> <td>09/15/2024</td> <td colspan="2"></td> </tr> </table>	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM		09/15/2024	Policy			POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE				09/15/2024	09/15/2024		
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<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
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
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

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 <input checked="" type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify) Reason For Cancellation Other Description	METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input checked="" type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT						
COMPANY Robin W. Smith POLICY NUMBER Cancellation Reason Company Policy	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FULL TERM PREMIUM</td> <td style="width:50%;">\$ 12,345.67</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td>Cancellation Method</td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$ Unearned Factor</td> </tr> </table>	FULL TERM PREMIUM	\$ 12,345.67	UNEARNED FACTOR	Cancellation Method	RETURN PREMIUM	\$ Unearned Factor
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UNEARNED FACTOR	Cancellation Method						
RETURN PREMIUM	\$ Unearned Factor						
EFFECTIVE DATE 09/15/2024							

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

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