

CANCEL REQUEST/POLICY RELEASE

POLICY NUMBER: _____

POLICY TYPE: _____

POLICY PERIOD: _____

CANCELLATION EFFECTIVE DATE: _____

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 under this policy for losses that occur after the date of cancellation shown above.
Any premium adjustment will be made in accordance with the terms and conditions of the policy.

SIGNATURE NAMED INSURED:

DATE: