		TION RE	QUE	S		21	RELE	ASE		DATE (MM	/DD/YY)	
PRODUCER PHONE (A/C, No, Ext):					COMPANY NAME AND ADDRESS NAIC CODE:							
CODE: AGENCY	SUB COL	E:		- P(	OLICY (PE							
CUSTOMER ID: INSURED NAME AND ADDRESS	6			c	ANCELLED POL	ICY	INFORMATIC	N				
				P	DLICY							
				N	UMBER		CANCEL	LATION DATE	ТІМ	<b>E</b>		
					EFFECTIVE DATE HOUR OF CANCELL		)	LATION DATE		E		AM PM
							EFFECT	VE DATE	EXF	PIRATION DA		
					POLICY TERM	И						
	REQUEST (Policy att	ached)	POL	ICY	RELEASE (Com	ple	te Statement	Section Belo	ow)			
					OTATEMENT							
The undersid	ned agrees that:	POLIC	I RELEA	49E	STATEMENT							
	-	nced policy is lost, destr	oved or be	eing i	retained.							
		type will be made agains		•		ts or	its representativ	es,				
	under this policy	or losses which occur at	fter the dat	te of	cancellation shown a	abov	e.					
	Any premium adj	ustment will be made in	accordanc	e wi	th the terms and cond	ditio	ns of the policy.					
WITNESS DATE					SIGNATURE OF NAMED INSURED DATE							
WITNESS			DATE	_	SIGNATURE OF NA	MED	INSURED			D	ATE	—
			DATE				HOORED					
LIEN HOLDER MORTGAGEE LOSS PAYEE					AUTHORIZED SIGN	IATU	RE		TITLE	LE DATE		
LIEN HOLDER	MORTGAGEE	LOSS PAYEE		AUTHORIZED SIGNATURE					TITLE	D	ATE	
FOR AGENCY/COMPA		LOOOTAILL										
RE			Ν	IETHOD OF C	ANCELLAT	ION						
NOT TAKEN OTHER (Identify)					1			[				
REQUESTED BY INSURED					FLAT FULL TERM PREMIUM							
COMPANY												
					]			UNEARNED FACTOR				
POLICY		EFFECTIV	E DATE					RETURN	\$			
NUMBER					PREMIUM CALCULAT SUBJECT TO AUDIT	ION		PREMIUM	•			
REMARKS												
New York Only:	If you do not kee	p your auto insur	ance in	fo	rce during the	ent	ire registratio	on period,	your r	notor ve	ehicle	
To avoid these p	be suspended. If you must	surrender your re	egistratio	n (	certificate and p	ys, plate	es before yo	ur insuranc	ce exp	ires. By	law,	
NAME AND ADDRESS	e termination of auto	insurance coverage	e to the L	-	artment of Motor							
					INSURED		LOSS PAYEE					
					MORTGAGEE LIEN HOLDER							
					COMPANY FINANCE COMPANY							
										D.4		
				PR	ODUCER'S SIGNATURE	:				DATE		