ACORD® CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PRODUCER
PHONE (A/C, No, Ext): (402)592-0900
FAX (402)592-0962
Associated Underwriters, Inc.
11115 "O" Street
P.O. Box 45820
Omaha, NE 68145-0820

INSURED NAME AND ADDRESS

CODE: SUB CODE:
AGENCY CUSTOMER ID:

POLICY TYPE

COMPANY NAME AND ADDRESS

CANCELLED POLICY INFORMATION

POLICY NUMBER

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM / PM
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	

☐ CANCELLATION REQUEST (Policy attached)

☐ POLICY RELEASE (Complete Statement Section Below)

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, 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.

WITNESS	DATE	SIGNATURE NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE NAMED INSURED	DATE

☐ LIEN HOLDER ☐ MORTGAGEE ☐ LOSS PAYEE — AUTHORIZED SIGNATURE — TITLE — DATE

☐ LIEN HOLDER ☐ MORTGAGEE ☐ LOSS PAYEE — AUTHORIZED SIGNATURE — TITLE — DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION

☐ NOT TAKEN
☐ REQUESTED BY INSURED
☐ REWRITTEN (Complete below)
☐ OTHER (Identify)

COMPANY

POLICY NUMBER

EFFECTIVE DATE

METHOD OF CANCELLATION

☐ FLAT
☐ SHORT RATE
☐ PRO RATA
☐ PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

UNEARNED FACTOR

RETURN PREMIUM $

REMARKS

NAME AND ADDRESS

REQUEST/RELEASE DISTRIBUTION

☐ INSURED
☐ MORTGAGEE
☐ COMPANY
☐ LOSS PAYEE
☐ LIEN HOLDER
☐ FINANCE COMPANY

PRODUCER'S SIGNATURE — DATE

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