

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PRODUCER The Warren Group 16650 Chesterfield Grove Rd., Suite 200 Chesterfield, MO 63005 (636) 530-0440		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE		
INSURED 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 OF NAMED INSURED	_____ DATE
_____ WITNESS	_____ DATE	_____ SIGNATURE OF NAMED INSURED	_____ DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	_____ AUTHORIZED SIGNATURE
			_____ TITLE
			_____ DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		
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

REQUEST/RELEASE DISTRIBUTION

_____ _____ _____	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIEN HOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE	