REGENCY INSURANCE
BROKERAGE SERVICES

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:			
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

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE

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

☐ 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

☐ INSURED ☐ LOSS PAYEE
☐ MORTGAGEE ☐ LIENHOLDER
☐ COMPANY ☐ FINANCE COMPANY

PRODUCER'S SIGNATURE | DATE

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