

POLICY RELEASE / CANCELLATION

DATE: _____

POLICY NUMBER: _____

EFFECTIVE DATE OF CANCELLATION: _____

INSURANCE COMPANY: _____

POLICYHOLDER: _____

THE UNDER SIGNED HOLDER OF THE ABOVE NUMBERED POLICY HEREBY ACKNOWLEDGES THE CANCELLATION THEREOF AND RELEASES THE COMPANY OR COMPANIES, WHICH ISSUED THE POLICY FROM ALL LIABILITY THEREUNDER FROM AND AFTER THE EFFECTIVE DATE OF CANCELLATION STATED ABOVE AT THE HOUR ON WHICH THE POLICY BECAME EFFECTIVE.

SIGNATURE OF POLICYHOLDER _____

TITLE _____

WITNESSED BY _____