



## CANCELLATION RELEASE

Name of Insured: \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date of Cancellation: \_\_\_\_\_

Reason for Cancellation:     Sold                                     Changed Co.  
    Moved                                     Non-Payment  
    Other - \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Broker's Name: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Insured*

\_\_\_\_\_  
*Date*

In consideration of the cancellation of premium charged or cash refund of the unearned portion of premium, I/We request cancellation of the above insurance as of the above mentioned date, and that **My Mutual Insurance** is, from that date, relieved from all liability under the above policy.

I/We hereby certify that the policy has not been transferred or ceded to anyone.