

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE

PRODUCER Top Contractors Insurance Services, Inc. 145 Vallecitos De Oro #206 San Marcos CA 92069	PHONE (A/C, No, Ext): (888) 710-8677	COMPANY NAME AND ADDRESS .	NAIC CODE:
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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	

<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input type="checkbox"/> POLICY RELEASE (Complete Statement Section Below)
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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
<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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$
COMPANY		EFFECTIVE DATE		
POLICY NUMBER		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"/> MORTGAGEE	<input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIEN HOLDER <input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE			DATE