

INSURED CANCELLATION REQUEST

POLICY NUMBER: _____

NAMED INSURED: _____

Cancellation Effective Date: _____ 12:01 A.M.

Cancellation Reason: Insured's Request

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

The undersigned agrees that no claims of any type will be made on this policy for any loss that occurs on or after the date of cancellation shown above.

Signature of Named Insured: _____ Date: _____