

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

| | | | |
|--|--|---|--|
| PRODUCER Globe Insurance Agency, Inc. | PHONE OH 513-871-3330 KY 859-727-2226 (A/C, No, Ext): | COMPANY NAME AND ADDRESS | NAIC CODE: |
| CODE: | SUB CODE: | POLICY TYPE | |
| AGENCY CUSTOMER ID: | | CANCELLED POLICY INFORMATION | |
| INSURED NAME AND ADDRESS | | POLICY NUMBER | |
| | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE |
| | | | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | POLICY TERM | 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.

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|--------------------------------------|------------------------------------|-------------------------------------|-------|
| 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 |
| AUTHORIZED SIGNATURE | | | TITLE |
| | | | DATE |

FOR AGENCY/COMPANY USE

| | | | |
|---|---|--------------------------------------|----------------------|
| REASON FOR CANCELLATION | | METHOD OF CANCELLATION | |
| <input type="checkbox"/> NOT TAKEN | <input type="checkbox"/> OTHER (Identify) | <input type="checkbox"/> FLAT | FULL TERM PREMIUM \$ |
| <input type="checkbox"/> REQUESTED BY INSURED | | <input type="checkbox"/> SHORT RATE | |
| <input type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> PRO RATA | |
| COMPANY | | PREMIUM CALCULATION SUBJECT TO AUDIT | UNEARNED FACTOR |
| POLICY NUMBER | EFFECTIVE DATE | | RETURN PREMIUM \$ |
| 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.

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|-------------------------|-------------------------------------|--|
| NAME AND ADDRESS | REQUEST/RELEASE DISTRIBUTION | |
| | <input type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE |
| | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LIEN HOLDER |
| | <input type="checkbox"/> COMPANY | <input type="checkbox"/> FINANCE COMPANY |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| PRODUCER'S SIGNATURE | | DATE |
| | | |