


# ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

|  |                                    |   |                   |
|--|------------------------------------|---|-------------------|
| PRODUCER   | PHONE (A/C, No, Ext): 847-673-1212 | COMPANY NAME AND ADDRESS                | NAIC CODE:        |
|  Com-Co Insurance Agency, Inc.<br>3425 Dempster Street<br>Skokie, IL 60076 |                                    |   |                   |
| 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              |
|  |                                    |   | AM<br>PM          |
|  |                                    | POLICY TERM                             | EXPIRATION DATE   |

|  |   |
|--|---|
| CANCELLATION REQUEST (Policy attached) | POLICY RELEASE (Complete Statement Section Below) |
|--|---|

### 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 |
|                                      |                                    |                                     |                      |       |      |

#### FOR AGENCY/COMPANY USE

|   |  |                   |    |                 |  |                |    |
|---|--|-------------------|----|-----------------|--|----------------|----|
| <h4 style="text-align: center;">REASON FOR CANCELLATION</h4> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify)<br><input type="checkbox"/> REQUESTED BY INSURED<br><input type="checkbox"/> REWRITTEN (Complete below) | <h4 style="text-align: center;">METHOD OF CANCELLATION</h4> <input type="checkbox"/> FLAT<br><input type="checkbox"/> SHORT RATE<br><input type="checkbox"/> PRO RATA<br><input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT |                   |    |                 |  |                |    |
| COMPANY   | <table style="width:100%;"> <tr> <td style="width:60%;">FULL TERM PREMIUM</td> <td style="width:40%;">\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table>              | FULL TERM PREMIUM | \$ | UNEARNED FACTOR |  | RETURN PREMIUM | \$ |
| FULL TERM PREMIUM   | \$   |                   |    |                 |  |                |    |
| UNEARNED FACTOR   |  |                   |    |                 |  |                |    |
| RETURN PREMIUM  | \$   |                   |    |                 |  |                |    |
| POLICY NUMBER   | EFFECTIVE DATE   |                   |    |                 |  |                |    |
| 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.

|   |  |                                  |                                     |                                    |                                      |                                  |  |
|---|--|----------------------------------|-------------------------------------|------------------------------------|--------------------------------------|----------------------------------|--|
| <h4 style="text-align: center;">NAME AND ADDRESS</h4> | <h4 style="text-align: center;">REQUEST/RELEASE DISTRIBUTION</h4> <table style="width:100%;"> <tr> <td style="width:50%;"><input type="checkbox"/> INSURED</td> <td style="width:50%;"><input type="checkbox"/> LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/> MORTGAGEE</td> <td><input type="checkbox"/> LIEN HOLDER</td> </tr> <tr> <td><input type="checkbox"/> COMPANY</td> <td><input type="checkbox"/> FINANCE COMPANY</td> </tr> </table> | <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"/> INSURED                      | <input type="checkbox"/> LOSS PAYEE  |                                  |                                     |                                    |                                      |                                  |  |
| <input type="checkbox"/> MORTGAGEE                    | <input type="checkbox"/> LIEN HOLDER   |                                  |                                     |                                    |                                      |                                  |  |
| <input type="checkbox"/> COMPANY                      | <input type="checkbox"/> FINANCE COMPANY   |                                  |                                     |                                    |                                      |                                  |  |
| PRODUCER'S SIGNATURE                                  |  |                                  |                                     |                                    |                                      |                                  |  |
| DATE  |  |                                  |                                     |                                    |                                      |                                  |  |