

ACORD™ CANCELLATION REQUEST / POLICY RELEASE	DATE
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PRODUCER Rivard Insurance Agency, Inc. 1014 Gateway Blvd Suite107 Boynton Beach, FL 33426	PHONE (A/C, No, Ext): (561)739-8346 COMPANY NAME AND ADDRESS NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE										
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION POLICY NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 2px;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:20%; padding: 2px;">CANCELLATION DATE</td> <td style="width:10%; padding: 2px;">TIME</td> <td style="width:10%; padding: 2px;">AM</td> <td style="width:10%; padding: 2px;">PM</td> </tr> <tr> <td style="padding: 2px;">POLICY TERM</td> <td style="padding: 2px;">EFFECTIVE DATE</td> <td colspan="3" style="padding: 2px;">EXPIRATION DATE</td> </tr> </table>	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM	PM	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE		
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE		TIME	AM	PM							
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE										
INSURED NAME AND ADDRESS												

CANCELLATION REQUEST (Policy attached)	POLICY RELEASE (Complete Statement Section Below)
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POLICY RELEASE STATEMENT			
<p>The undersigned agrees that:</p> <p style="margin-left: 40px;">The above referenced policy is lost, destroyed or being retained.</p> <p style="margin-left: 40px;">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.</p> <p style="margin-left: 40px;">Any premium adjustment will be made in accordance with the terms and conditions of the policy.</p>			
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"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		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	
COMPANY	EFFECTIVE DATE	FULL TERM PREMIUM \$	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.			

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
_____	PRODUCER'S SIGNATURE
_____	DATE