

ACORDTM CANCELLATION REQUEST / POLICY RELEASE				DATE	
PRODUCER Pathway Insurance Services, Inc. 11305 Reed Hartman Hwy. Suite 226 Cincinnati, Ohio 45241		PHONE (A/C, No, Ext): 513-662-7000		COMPANY NAME AND ADDRESS	
CODE:		SUB CODE:		NAIC CODE:	
AGENCY		CUSTOMER ID:		POLICY TYPE Automobile Insurance	
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	

☐ 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

X

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

X

SIGNATURE OF NAMED INSURED

spouse

DATE

☐ LIEN HOLDER

☐ MORTGAGEE

☐ LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

☐ LIEN HOLDER

☐ MORTGAGEE

☐ LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION

☐ NOT TAKEN

☐ OTHER (Identify)

☐ REQUESTED BY INSURED

☒ REWRITTEN
(Complete below)

COMPANY

POLICY
NUMBER

EFFECTIVE DATE

REMARKS

METHOD OF CANCELLATION

☐ FLAT

☐ SHORT RATE

☒ PRO RATA

☐ PREMIUM CALCULATION
SUBJECT TO AUDIT

FULL TERM
PREMIUM

\$

UNEARNED
FACTOR

RETURN
PREMIUM

\$

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

☐ INSURED

☐ MORTGAGEE

☐ COMPANY

☐ LOSS PAYEE

☐ LIEN HOLDER

☐ FINANCE COMPANY

PRODUCER'S SIGNATURE

DATE