

LOST POLICY VOUCHER

DATE:

NAMED INSURED:

INSURANCE COMPANY:

POLICY NUMBER:

EFFECTIVE DATE OF CANCELLATION:12:01 am

RE: POLICY CANCELLATION

I/We fully understand and agree that by signing below I/we, am/are canceling the above mentioned policy with above mentioned insurer with effective date of cancelation as mentioned above.

I/We understand that the above mentioned insurer is not liable in any manner for any claim, loss, damage or accident occurring after the effective date and time of cancelation mentioned above.

I understand that if I/we, am/are canceling this policy mid-term, it might result in short rate cancelation charges.

Note:

1. All named insured's on the policy must sign
2. If canceling policy as of renewal date must return original documents sent to you.

.....
SIGNATURE

Name:
PLEASE PRINT

Date:

.....
SIGNATURE

Name:
PLEASE PRINT

Date: