## LOST POLICY CANCELLATION RELEASE

TO:	POLICY NO.:
NAME OF COMPANY	
NAME OF INSURED:	CANCELLATION DATE :
NAME OF AGENT/BROKER:	
ADDRESS OF AGENT/BROKER:	

The undersigned jointly and severally, as the insured and, if applicable, mortgagee, or loss payee, does hereby release and discharge the company issuing the policy designated herein from any and all liability, claims or demands whatsoever under said policy with respect to any loss through or caused by any act or event occurring after the cancellation date at the standard time specified in the policy.

In consideration thereof, adjustment of premium will be made for the period said policy was in effect in accordance with all the provisions of the policy having reference thereto.

Witness	Insured		Date al) Signed
	Si	gnature	
Witness	Insured	(Sea	Date al) Signed
	Się	gnature	
Witness	Mortgagee or Loss Payee	(Se	Date al) Signed

## \*Broker/Agent may serve as a witness

Note To Producers: When a Non Institutional Mortgagee or Loss Payee is indicated in the policy, this release must be signed by the Insured and the Mortgagee or Loss Payee.