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 _____ (Seal) Date Signed _____
Signature

Witness _____ Insured _____ (Seal) Date Signed _____
Signature

Witness _____ Mortgagee or Loss Payee _____ (Seal) Date 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.