

CARRIER: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### CANCELLATION TICKET

Date Called \_\_\_\_\_

Dealership \_\_\_\_\_

Account Number \_\_\_\_\_

Certificate Number \_\_\_\_\_

Date Cancelled \_\_\_\_\_

Insured(s) \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Reason Cancelled \_\_\_\_\_

Make Refund Check Payable To:

Mail To:

- Customer  
 Customer **AND** Bank  
 Bank or Finance Source\*  
 Dealer's Insurance Agency

- Customer  
 Bank  
 Dealership

\*Finance Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Check # \_\_\_\_\_

PER \_\_\_\_\_ BY \_\_\_\_\_

Credit Our Account

**Check Already Sent**

	Year	Month	Day
Date of Cancellation			
Date of Certificate Issue			
Time in Force			

REFUND FACTOR USED \_\_\_\_\_

Life Refund \$ \_\_\_\_\_

Disability Refund \$ \_\_\_\_\_

Total Refund \$ \_\_\_\_\_

### CANCELLATION RELEASE

In consideration of the return premium indicated, the Company is hereby authorized to cancel the above numbered Certificate and is released and discharged from any and all claims occurring on or after this date.

Signature of Insured(s) \_\_\_\_\_

Date \_\_\_\_\_