CANCELLATION REQUEST / POLICY RELEASE

DATE

PRODUCER PHONE 213-617-7881

ASAHI INSURANCE AGENCY, INC.
319 E. 2nd St. Ste. 119
Los Angeles, CA 90012

INSURED NAME AND ADDRESS

CODE: SUB CODE:

AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS

POLICY TYPE

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	SIGNATURE NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE NAMED INSURED	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
☐ REQUESTED BY INSURED
☐ REWRITTEN (Complete below)
☐ OTHER (Identify)

COMPANY

POLICY NUMBER

EFFECTIVE DATE

METHOD OF CANCELLATION

☐ FLAT
☐ SHORT RATE
☐ PRO RATE

FULL TERM PREMIUM $

UNEARNED FACTOR

☐ PREMIUM CALCULATION
☐ SUBJECT TO AUDIT

RETURN PREMIUM $

REMARKS

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

☐ INSURED
☐ MORTGAGEE
☐ COMPANY
☐ LOSS PAYEE
☐ LIEN HOLDER
☐ FINANCE COMPANY

PRODUCER'S SIGNATURE DATE