

# ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No, Ext): 213-229-2700	COMPANY NAME AND ADDRESS	NAIC CODE:
OTA INSURANCE AGENCY 420 E. 3RD STREET, SUITE 902 LOS ANGELES, CA 90013			

CODE:	SUB CODE:	POLICY TYPE	<b>CANCELLED POLICY INFORMATION</b>  POLICY NUMBER  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:33%;">CANCELLATION DATE</td> <td style="width:10%;">TIME</td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>AM</td> <td>PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td colspan="3">EXPIRATION DATE</td> </tr> </table>			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME						AM	PM	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE		
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						AM	PM													
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE																		
AGENCY CUSTOMER ID:																				
INSURED NAME AND ADDRESS																				

<b>CANCELLATION REQUEST (Policy attached)</b>	<b>POLICY RELEASE (Complete Statement Section Below)</b>
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### 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.

		<del>X</del>		<del>X</del>
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE	
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE	
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE	TITLE DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE	TITLE DATE

REASON FOR CANCELLATION		METHOD OF CANCELLATION		
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$  UNEARNED FACTOR	
<input type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE		
COMPANY		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$	
POLICY NUMBER	EFFECTIVE DATE	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		
REMARKS				

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS	REQUEST/RELEASE DISTRIBUTION	
	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIEN HOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCER'S SIGNATURE		DATE