

Cancellation Request

Company:

Policy No.

Effective Date of Cancellation

Insured:

Agency:

Harrigan Insurance Agency Limited

Form of Surrender

(If The Policy has been assigned, the Payee must also sign)

In Consideration of A, Return premium, receipt of which is hereby acknowledged, the above numbered policy and last Renewal Certificate (if any) are hereby cancelled and surrendered by the above Company.

Payee

XX

Insured

Date: _____

The Insured and Payee to sign below also

Date: _____

Please disregard the following section

Lost Document Statement

This is to certify that I am not in possession of the Policy as numbered, or last Renewal Certificate (if any), that I do not know what has become of them that I release the above Company from all responsibility in virtue of said document(s).

Payee

XX

Insured

Date: _____

Date: _____