

ACORDTM CANCELLATION REQUEST / POLICY RELEASE				DATE					
PRODUCER Atlas Insurance Agency, Inc. 201 Merchant St., Suite 1100 Honolulu HI 96813		PHONE (A/C, No, Ext): (808) 533-3222		COMPANY NAME AND ADDRESS NAIC CODE:					
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE					
				CANCELLED POLICY INFORMATION					
				POLICY NUMBER					
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width: 20%;">CANCELLATION DATE</td> <td style="width: 20%;">TIME</td> <td style="width: 20%; text-align: center;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </td> </tr> </table>		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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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 WITNESS		DATE DATE	
WITNESS WITNESS		DATE 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	

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