

# Lost Policy Voucher

Date:

Named Insured:.....

Name of Insurer: .....

Policy#: .....

Effective Date of Cancellation: .....

12:01 am

## **Re: Policy Cancellation**

I/we fully understand and agree that by signing below i/we, am/are canceling the above mentioned policy with above mentioned insurer with effective date of cancellation as mentioned above.

I/We understand that the above mentioned insurer is not liable in any manner for any claim, loss, damage or accident occurring after the effective date and time of cancellation mentioned above.

I understand that If I/ we, am/ are canceling this policy mid-term it might result in short rate cancellation charges.

Note:

1. All named insured's on the policy must sign
2. If canceling policy as of renewal date must return original documents sent to you.

.....

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Name: .....

Name: .....

(Please print)

(Please print)

Date: .....

Date: .....