

Request for Policy Cancellation / Policy Release

INSURED'S NAME _____

MAILING ADDRESS _____

CITY / MICHIGAN ZIP CODE _____

POLICY NUMBER _____

POLICY EFFECTIVE DATE _____

POLICY EXPIRATION DATE _____

RISK ADDRESS _____

CITY / MICHIGAN ZIP CODE _____

AGENCY NAME _____

AGENCY ADDRESS _____

CITY / MICHIGAN ZIP CODE _____

REASON FOR CANCELLATION:

IF INSURED HAS OBTAINED INSURANCE THROUGH ANOTHER COMPANY, PROVIDE THE FOLLOWING INFORMATION:

INSURANCE COMPANY _____

POLICY NUMBER _____

POLICY EFFECTIVE DATE _____

REMARKS

CANCELLATION DATE: _____

TIME: 12:01 AM STANDARD TIME

Cancel Policy
 (Policy must be attached to process request)

Policy Release
 (If Policy is to be cancelled and the policy is not available, all interested parties must sign the Lost Policy Release below.)

MAKE REFUND PAYABLE TO:

Named Insured

NAMED INSURED _____

MAILING ADDRESS (IF DIFFERENT THAN ON POLICY) _____

CITY / STATE / ZIP CODE _____

Mortgagee / Loss Payee

COMMENTS

LOST POLICY RELEASE

The undersigned hereby declares that the policy described herein has been mislaid, lost or destroyed and further declares that it has not been assigned or transferred (except as shown here). It is hereby agreed by the undersigned that said policy is hereby cancelled and terminated on the date hereof at the place where the property described in the said policy is located and it is hereby agreed that no claim whatever will be made for any loss under said policy and, if found, said policy will be returned to this Company forthwith and without further compensation.

AGENT'S SIGNATURE _____ DATE _____

SIGNATURE OF NAMED INSURED _____ DATE _____

Box Reserved for Great Lakes Mutual Insurance - Do Not Complete

AUTHORIZED SIGNATURE _____ DATE _____

RETURN PREMIUM:	REFUND CHECK NUMBER:
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