

PRODUCER
 PHONE (A/C, No, Ext): (708)532-7474
 FAX (708)532-7677
 Hicks Insurance Group
 19144 S 88th Ave
 Mokena, IL 60448

INSURED NAME AND ADDRESS

CODE: SUB CODE:
 AGENCY CUSTOMER ID: 00044283

POLICY TYPE

COMPANY NAME AND ADDRESS

CANCELLED POLICY INFORMATION			
POLICY NUMBER			
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM PM
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	

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	DATE	SIGNATURE NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE NAMED INSURED	DATE
LIEN HOLDER	MORTGAGEE	LOSS PAYEE	
		AUTHORIZED SIGNATURE	TITLE DATE
		AUTHORIZED SIGNATURE	TITLE DATE

FOR AGENCY/COMPANY USE

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

REMARKS

NAME AND ADDRESS REQUEST/RELEASE DISTRIBUTION

INSURED	LOSS PAYEE
MORTGAGEE	LIEN HOLDER
COMPANY	FINANCE COMPANY

PRODUCER'S SIGNATURE DATE