

# NOTICE OF CANCELLATION

INSURED COPY

|                                     |
|-------------------------------------|
| <Company Logo><br><Company Address> |
|-------------------------------------|

For Policy Customer Service Call: (XXX) XXX-XXXX

| Policy Number  | Policy Type | Policy Period                                                                      | Date |
|----------------|-------------|------------------------------------------------------------------------------------|------|
|                |             | [MM/DD/YYYY] - [MM/DD/YYYY]<br>12:01 AM Standard Time at the Residence<br>Premises |      |
| Risk Location: |             |                                                                                    |      |
|                |             |                                                                                    |      |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Named Insured and Address:</b><br><br><Named Insured><br><Named Insured Address> | <b>Agent:</b><br><br><Agent Name><br><Agent Address><br><Agent Phone #> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

## CANCELLATION

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**You are hereby notified in accordance with the terms and conditions of the above mentioned policy, that this policy will be cancelled effective on the hour/date mentioned below.**

**Reason for Cancellation:**

[Reason]

[Reason]

**YOUR POLICY CANCELLATION DATE IS: (Insert date) AT 12:01AM Standard Time**

**If the premium has been paid, unearned premium will be refunded within fifteen (15) working days after the date cancellation takes effect.**

## MORTGAGEE(S)/ADDITIONAL INTEREST

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**First Mortgagee:**

Name  
Address  
City, State, Zip  
Loan #

**Second Mortgagee:**

Name  
Address  
City, State, Zip  
Loan #

**Additional Interest:**

Name  
Address  
City, State, Zip

If you have any questions regarding this notice, please contact your agent. Your agent's contact information is conveniently displayed above.