

CANCELLATION REQUEST / POLICY RELEASE

Producer

Henrich Insurance Group Office (713) 349-0400
13920 Osprey Ct., Suite B Fax (713) 349-8485
Webster, TX 77598
Email: service@higtexas.com

Policy Type: _____

Policy

Number: _____

Cancellation Date: _____

Policy Term: Effective Date _____ Expiration Date _____

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.

PLEASE CANCEL MY POLICY ACCORDING TO THE CANCELLATION DATE ABOVE

X _____

SIGNATURE OF NAMED INSURED**DATE**

PLEASE NOTE: If you are requesting to backdate your policy cancellation please submit a copy of the declaration page from your new carrier. This is necessary to backdate and cancel coverage. If you sold your home please attach a copy of the 1st page of your settlement statement.

REASON FOR CANCELLATION: _____**NAME AND ADDRESS TO SEND REFUND TO:**

Producer Signature: _____