

**RHODE ISLAND JOINT REINSURANCE ASSOCIATION  
CANCELLATION REQUEST / POLICY RELEASE**

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
TWO CENTER PLAZA, BOSTON, MA 02108 – 1904  
PHONE: (617) 723-3800 (800) 851-8978 FAX: (800) 796-2230

**PRODUCER INFORMATION**

**PRODUCER :**

**POLICY INFORMATION**

POLICY NUMBER:	POLICY FORM TYPE:
POLICY EFFECTIVE DATE:	POLICY EXPIRATION DATE :
INSURED NAME:	
LOCATION OF PROPERTY :	
REQUESTED CANCELLATION DATE:	
<b>CANCELLATION REASON: (Selection Required)</b>  <input type="checkbox"/> Rewritten with another carrier (Please specify new company) _____  <input type="checkbox"/> Rewritten with MPIUA - Changed policy form <input type="checkbox"/> Property sold <input type="checkbox"/> No Insurable Interest - Sale not completed	<input type="checkbox"/> HO 4 Policy – Insured moved policy no longer needed <input type="checkbox"/> Rewritten with new agency <input type="checkbox"/> Other (Please Explain) _____ _____ _____

The undersigned jointly and severally, as the insured does hereby release and discharge the company issuing the policy designated herein from any and all liability, claims or demands whatsoever under said policy with respect to any loss through or caused by any act or event occurring after the cancellation date at the standard time specified in the policy. In consideration thereof, adjustment of premium will be made for the period said policy was in effect in accordance with all the provisions of the policy having reference thereto.

Insured \_\_\_\_\_ (Seal) Date Signed \_\_\_/\_\_\_/\_\_\_  
(Signature)

Insured \_\_\_\_\_ (Seal) Date Signed \_\_\_/\_\_\_/\_\_\_  
(Signature)

Insured \_\_\_\_\_ (Seal) Date Signed \_\_\_/\_\_\_/\_\_\_  
(Signature)

**This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.**