 

**SHORR AGENCY.com**

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Palos Verdes Peninsula, CA 90274 Fax 888-713-9072 Lic # 0146520

Date

Name

Street

City

**Policy Cancellation Form**

I wish to cancel my insurance policy effective at 12:01am on the cancellation date shown below.

My policy information is as follows:

|  |  |
| --- | --- |
| Named Insured |  |
| Policy Type |  |
| Policy # |  |
| Cancellation Effective Date |  |

Reason for cancellation:

 Moved / Sold Property

 Occupancy Change

 Price

If the Cancellation Effective Date above is not filled in, or the Policy Cancellation Form is received 30 days or more after the cancellation effective date, then the policy will be cancelled effective the date this policy cancellation form is received in our office.

I understand and agree that I cannot present any claims under this policy that occur after the cancellation date.

Additionally, it's possible that this policy may incur an earned premium whereby you'll owe a pro-rated balance due to Allied Insurance. They will notify you if this is the case. Often times, policy cancellations create a pro-rated refund of any unearned premium. Refunds usually take 7-10 days. Make sure that we have your correct address. Please return this form to Shorr Agency.

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Signature of Named Insured(s) Date