



INSURANCE AGENCY, INC.

Cancellation Request / Policy Release

Agent _____ **Policy Information** _____

AOPA Insurance Agency, Inc.
Mid-Continent Airport
P.O. Box 9170
Wichita, KS 67277
Telephone: 1-800-622-AOPA (2672)
Fax: 316-942-0091

Company: _____
Policy Number: _____
Effective Date of Cancellation: 12:01AM ## _____
Policy Period: From: _____ To: _____
12:01 a.m. Standard time at the Policyholder's address

Insured _____

Name: _____
Address: _____
Telephone #: _____

- Cancellation request (policy attached)
 Policy release (policy not attached)

Release Statement _____

The undersigned agrees that:
The above referenced policy has been lost, destroyed or is being retained. No claims of any type will be made against the Insurance Company 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 this policy.

Witness Date

Policyholder Signature Date

Witness Date

Policyholder Signature Date

- Lienholder Loss payee
 Lienholder Loss payee

Authorized Signature Date

Authorized Signature Date

For Agency / Company Use _____

Reason for Cancellation:

- Not Taken
 Request of Policyholder
 Rewritten
 Other: (identify) _____

Method of Cancellation:

- Flat
 Short-rate
 Pro-rata ## _____

Company: _____ Policy Number: _____ Date: _____

Full Term Premium: _____ Return Premium: _____

Producer Signature: _____ Date: _____

Indicate who is to receive a copy of the cancellation request:

- Policyholder Loss Payee
 Lienholder Company