

**Cancellation Request  
Policy Release**

**CLARITY INSURANCE COMPANY**

State  
**NV**

Policy Number

(Herein Company)  
P.O. Box 531610, Henderson, NV 89053

1. Date	2. Agency Code	3. Agency Phone Number	4. Policy Type	5. Effective Date	6. Cancellation Date/Time
7. Named Insured and Address			8. Agent/Producer Name and Address		

**Policy Release Statement**

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 and hour of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.

9. Witness	10. Date	11a. Insured's Signature	11b. Insured's Date and Time Signed
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**REASON FOR CANCELLATION**

Not Taken      Request by Insured      Rewritten      Other (Specify) \_\_\_\_\_

12. Additional Comments

Please fax to 877-588-2626  
Cancellation will only be honored if received the same day as the Cancellation Effective Date