

ILLINOIS FAIR PLAN ASSOCIATION
CANCELLATION REQUEST/POLICY RELEASE



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CHICAGO, IL. 60681-0469
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info@illinoisfairplan.com

PRODUCER:

DATE ____/____/____

FAIR PLAN
PRODUCER NUMBER:

PHONE:

POLICY NUMBER _____

POLICY TERM ____/____/____ - ____/____/____

NAMED INSURED:

LOCATION OF PROPERTY:

EFFECTIVE DATE OF CANCELLATION _____ (Date of Receipt by FAIR Plan or Future Date)

REASON FOR CANCELLATION (ATTACH COPY OF REPLACEMENT POLICY):

COMMENTS:

POLICY RELEASE STATEMENT

The undersigned certifies that:

- The above referenced policy is lost, destroyed or being retained.
- No claims of any type will be made against the Illinois FAIR Plan Association under this policy for losses that occur after the date of cancellation.
- Any premium adjustment will be made in accordance with the terms and conditions of the policy.
- They have an insurable interest in the property.

(ALL NAMED INSURED(S) MUST SIGN)

_____/_____/_____
NAMED INSURED'S SIGNATURE DATE NAMED INSURED'S SIGNATURE DATE

PRODUCER

I certify that I am a licensed insurance Producer of Illinois. I certify that my license authorizes me to offer Fire and Casualty Insurance. In the event a policy is issued and then cancelled or insurance thereunder terminated, or a change is made resulting in a return premium, I agree upon request to return my proportionate share of the commission on such premium.

PRODUCER SIGNATURE _____
DATE