ILLINOIS FAIR PLAN ASSOCIATION

CANCELLATION REQUEST/POLICY RELEASE

P.O. BOX 849
TINLEY PARK, IL. 60477
312-861-0385
FAX 312-861-0134
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