

Auto  
 Farmers  
 MCA

Texas	
<input type="checkbox"/> Farmers	<input type="checkbox"/> Fire
<input type="checkbox"/> MCA	<input type="checkbox"/> MCNA
<input type="checkbox"/> TCM	

Truck  
 Fire  
 Mid-Century Non Auto

Premium Number \_\_\_\_\_

Effective Date 

Mo.	Day	Year	Time
			a.m. p.m.

KOE	State	Policy Number
8		

Insured's Name \_\_\_\_\_

From: \_\_\_\_\_  
State District Agent

Cancel Entire Policy {  Company Request  MCA refused by Insured  
 For Reason(s) \_\_\_\_\_

Cancel Unit  Cancel part of coverage  
(Do not use for Farmers, M-C Auto, TCM)

Description of Auto or Unit

Unit No.	Year, Make, or Trade Name	I.D. Number

Other Auto Policies in force?  Yes  No If "Yes" Show Numbers

Rating of other vehicles not affected in any way as to drivers, use or mileage.  
 Other vehicles should be rerated:

Pol. No. \_\_\_\_\_ from R/C \_\_\_\_\_ to R/C \_\_\_\_\_

If driver(s) operating the canceled vehicle left the household, indicate:  
Name Reason Left Birthdate

1. \_\_\_\_\_  
2. \_\_\_\_\_

If driver(s) are still in the household and driving other car(s), indicate.  
Name Car Now Driving

1. \_\_\_\_\_  
2. \_\_\_\_\_

If other than Auto, describe the coverage or property to be canceled or suspended.

Is mortgage paid off and escrow closed?  Yes  No

If a partnership, signature of authorized partner \_\_\_\_\_

\_\_\_\_\_ year \_\_\_\_\_ a.m.  
Exact time and date of signature p.m.

Witness \_\_\_\_\_

For Service Center Use Only

- 01  Des. Sign.
- 02  Des. Unsign.
- 03  Undes. Sign.
- 04  Undes. Unsign.
- 06  OOT
- 12  Farmers to Truck
- 13  Semi Mech.

Received Date		KOR	Change Code
Mo.	Day	3	33

Fire Only

- Do not refund to mortgagee  14-Semi-Mech-25-0081- To be issued-Signed
- Mortgagee requested cancellation  15-Semi-Mech-25-0081- To be issued-Not Signed

1  Pro-Rate 2  Short-Rate

New Business M.F. 1  Yes 2  No

Add. Coverage M.F. 1  Yes 2  No

Reinstatement Fee 1  Yes 2  No

Reason Code \_\_\_\_\_

Cancellation Message Code \_\_\_\_\_

T E X A S	Received Date		KOR	Chg. Code	Reason Code	N.B. Comm.	TRF. Comm.	Reinst. Fee	Action Code	<input type="checkbox"/> Disregard Instr. Code "G"
	Mo.	Day	7	19		1 2 <input type="checkbox"/> <input type="checkbox"/> Yes No	1 2 <input type="checkbox"/> <input type="checkbox"/> Yes No	1 2 <input type="checkbox"/> <input type="checkbox"/> Yes No		

Show mailing address here if different than address on record

Kind of Entry	1
Name & Address	

Return to

- \_\_\_\_\_  Before mailing
  - Open diary  Ready for mailing
  - Closed diary  After mailing
  - C.R. sackfile  If unable to mail before \_\_\_\_\_
- Coder \_\_\_\_\_

For Compensation, Garage Liability or Employers Liability Policies: Payroll \$ \_\_\_\_\_

for period \_\_\_\_\_ to \_\_\_\_\_

X

Signature of insured \_\_\_\_\_

\_\_\_\_\_ year \_\_\_\_\_ a.m.  
Exact time and date of signature p.m.

We hereby waive all rights and interest in the above numbered Policy and in the returned premium.

Signature of mortgagee or other interest \_\_\_\_\_

