

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

FORWARD THIS FORM TO: (name of the person you are sending this form to) \_\_\_\_\_

**RELEASE OF INTEREST FOR THE FOLLOWING  
NAMED INSURED**

The undersigned consents to the release of: \_\_\_\_\_

Policy number: \_\_\_\_\_

Issued by: \_\_\_\_\_

NAMED INSURED TO BE RELEASED: \_\_\_\_\_

All policy conditions governing cancellation are hereby waived and the insurance company checked above is hereby released from liability for any claims arising from any loss, damage or accident occurring after

12:01AM \_\_\_\_\_

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

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