



**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

