U B E A

1928

RETURN PREMIUMS

CANCELLATION – REDUCTIONS

_____ 19.

_____ Insurance Co. _____ (Agents)

cancel
Please reduce _____ Date effective_____

Insurance on_____ per_____
        (State interest insured)   (given name vessel)

cancellation
Reason for   reduction   _____

_____

Basis upon which return premium to be made _____
                (If "in accordance with policy conditions," so state, otherwise clearly state basis upon which returns are to be made.)

IDENTIFICATION OF ORIGINAL INSURANCE
(Give full identification of Risk. If "open" so state.)

Policy No.	From	To	Amount Insured
			$

Underwriter.   Brokers.

CALCULATION OF RETURN PREMIUM

	Rate	Premium	Brokerage	Net Premium	NET RETURN PREMIUM
Original Insurance $	....	....	....	....	
Reduced to $					
	Rate of Return	Return Premium	Less B'kge		
Amount cancelled $	....	....	....	Net Return Premium $	