| ACORD® CANCELLATION REQUEST / POLICY RELEASE | | | | | | | | | DATE (MM/DD/YYYY) | |
|--|--|------------------|--------------------|-------------------|--------------------------------------|----------|-------------------|--------------------|------------------------------|----------|
| PRODUCER | PHONE (A/C, No, Ext): | | | П | COMPANY NAME AND A | DDRES | SS | NAIC CODE: | | |
| | (A/O, NO, EXI). | | | | | | | | | |
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| | | | | | | | | | | |
| CODE: | SUB COL | DE: | | | POLICY TYPE | | | | | |
| AGENCY CUSTOMER ID: | | | | | | | | | | |
| INSURED NAME AND ADDRESS | | | | | CANCELLED POL | ICY | INFORMATIC |)N | | |
| | | | | | POLICY NUMBER | | | | | |
| | | | | | | | CANCEL | LATION DATE | TIME | |
| | | | | | EFFECTIVE DATE HOUR OF CANCEL | | | LATION DATE | | AM PM |
| | | | | | | | EFFECT | IVE DATE | EXPIRATION D | |
| | | | | | POLICY TERI | M | | | | |
| CANCELLATION RE | QUEST (Policy at | ttached) | | POL | ICY RELEASE (Co | omple | ete Statemen | t Section Belo | w) | |
| | | | POLICY RI | FI FAS | E STATEMENT | | | | | |
| The undersigned | d agrees that: | | I OLIOT KI | LLLAO | LOTATEMENT | | | | | |
| | The above refere | enced policy is | lost, destroyed | l or being | retained. | | | | | |
| | No claims of any | type will be m | nade against the | e Insurar | ice Company, its agen | nts or i | ts representative | es, | | |
| | under this policy | for losses whi | ch occur after th | he date | of cancellation shown | above |). | | | |
| | Any premium adj | justment will b | e made in acco | rdance v | vith the terms and con | dition | s of the policy. | | | |
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| WITNESS | | | DATE | E | SIGNATURE OF NAI | MED IN | ISURED | | D | ATE |
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| WITNESS | | | DATE | E | SIGNATURE OF NAI | MED IN | ISURED | | D | ATE |
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| LUENUIGURER | 1400704055 | 1,000,0 | A)/55 | | AUTHORIZED SIGNA | ATURE | : | | | ATE |
| LIENHOLDER MORTGAGEE LOSS PAYEE | | | | | (Not applicable in N | | | | - | ···- |
| | | | | | | | | | | |
| LIENHOLDER | MORTGAGEE | LOSS P. | AYEE | | AUTHORIZED SIGNA | | | TIT | TLE D | ATE |
| Th.: | (Not applicable in NH per RSA 412:5 I) that any misrepresentation may be deemed a fraudulent act. | | | | | | | | | |
| Inis repres | entation is true ar | nd accurate, | and I unders | stand th | at any misreprese | ntatio | on may be de | emed a fraudul | ent act. | |
| FOR AGENCY / COMPAN | | | | | | | | | | |
| REASON FOR CANCELLATION | | | | | METHOD OF CANCELLATION | | | | | |
| NOT TAKEN OTHER (Identify) | | | | | FLAT FILL TEDM | | | | | |
| REQUESTED BY INSURED REWRITTEN | | | | | SHORT RATE FULL TERM PREMIUM | | | | \$ | |
| (Complete below) | | | | | DDO DATA | | | | | |
| | | | | | | | | UNEARNED FACTOR | | |
| POLICY NUMBER | | | EFFECTIVE DA | TE | _ | | | RETURN | • | |
| | | | | | PREMIUM CALCULAT SUBJECT TO AUDIT | TION | | PREMIUM | \$ | |
| REMARKS (ACORD 101, Additional | Remarks Schedule, may | be attached if n | nore space is requ | uired) | | | | | | |
| | | | | | | | | | | |
| New York Only: If you on suspended. If your veh | | | | | | | | | | |
| surrender your registrat | ion certificate an | d plates be | fore vour ins | ur unve suranc | e expires. By law | . we | must report | the termination | penames, yo on of auto in | surance |
| coverage to the Departr | | | , | | | , | | | | |
| NAME AND ADDRESS | | | | F | REQUEST / RELEA | ASE | DISTRIBUTIO | N | | |
| - | | | | | INSURED | | LOSS PAYEE | | | |
| | | | | | MORTGAGEE | | LIENHOLDER | | | |
| | | | | | COMPANY | Ш | FINANCE COMPA | NY | | |
| | | | | | | | | | | |
| | | | | | PRODUCER'S SIGNATURE DATE | | | | | |

ACORD 35 (2011/09)

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