ACORD® CANCELLATION REQUEST / POLICY RELI					ELEASE	SE DATE (MM/DD/YYYY)			
PRODUCER PHONE (A/C, No, Ext):		COMPANY NAME AND AL	DDRES	s	NAIC CODE:	1			
CODE:	SUB CODE:		POLICY TYPE						
AGENCY CUSTOMER ID:	SUB CODE.		1						
INSURED NAME AND ADDRESS			CANCELLED POL	ICY I	NFORMATIO	V			
			POLICY NUMBER						
			EFFECTIVE DATE HOUR OF CANCELI			ATION DATE	TIME		AM PM
1			POLICY TERM EFFECTIVE DATE			E DATE	EXPIRATION DATE		
CANCELLATION REQUEST (Policy attached)	The undersig The a No cl unde	ned agrees that: above referenced paims of any type were this policy for loss	policy is lost, destroyed or ill be made against the Ir ses which occur after the nt will be made in accorda	r being nsuran date d	g retained. ace Company, its of cancellation sh	own above.	•	5,	
SIGNATURES	1								
WITNESS DATE			SIGNATURE OF NAMED INSURED DATE						
WITNESS		DATE	SIGNATURE OF NAM	MED IN	SURED			DATE	E
LIENHOLDER MORTGAGEE	AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I)								
LIENHOLDER MORTGAGEE	AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I) that any misrepresentation may be deemed a fraudulent act.					Ē			
<u> </u>	true and accurate, ar	ia i understand	tnat any misrepresei	ntatio	on may be dee	med a fraudu	ilent act.		
FOR AGENCY / COMPANY USE REASON FOR CA	METHOD OF CANCELLATION								
NOT TAKEN OTHER (I									
REQUESTED BY INSURED REWRITTEN			FLAT SHORT RATE	FULL TERM \$					
(Complete below)			PRO RATA			UNEARNED			
POLICY NUMBER EFFECTIVE DATE				FACTOR	ACTOR				
			PREMIUM CALCULATION PREMIUM SUBJECT TO AUDIT						
REMARKS (ACORD 101, Additional Remarks Schedu	ule, may be attached if more	e space is required)							
New York Only: If you do not keep suspended. If your vehicle is still surrender your registration certification coverage to the Department of Motor	uninsured after 90 Ite and plates before	days, your dr	iver's license will be	e sus	spended. To	avoid these	penalties	, you	must
NAME AND ADDRESS			REQUEST / RELEA						
			INSURED	-	LOSS PAYEE	LEND	ER'S LOSS PA	YABLE	
			MORTGAGEE COMPANY	\vdash	LIENHOLDER FINANCE COMPAN	IY			
			CONFANI	H	I INAINOL COMPAN	••			
	PRODUCER'S SIGNATURE	ODUCER'S SIGNATURE DATE							