ACORD,	C	ANCELL	.A	TIO	N REQUI	= (ST / POLICY RELEASE					DATE		
PRODUCER	PHONE (A/C, No. Ext):						COMPANY NAME AND ADDRESS			NAIC CODE:				
CODE:		POLICY												
AGENCY CUSTOMER ID: INSURED NAME AND ADDRESS							TYPE						-11.1	
						ľ	CANCELLED PO	LIC	YINFORMATI	ON				
							POLICY NUMBER							
							EFFECTIVE DA HOUR OF CANCE		D	LLATION DATE	TIA	ME	AM PM	
1							POLICY TE	RM	EFFECT	TIVE DATE	EX	PIRATION DA		
CANCELLATION REQUEST (Policy attached) POLI							ICY RELEASE (Complete Statement Section Below)							
		No claims of ar under this polic	y typ	e will be i losses wh	is lost, destroyed or b made against the Insi nich occur after the da be made in accordan	uran ate c	ce Company, its age of cancellation shown	abov	e.	es,				
WITNESS DATE							SIGNATURE OF NAMED INSURED					DATE		
WITNESS					DATE		SIGNATURE OF N	I A B A C'	MOUDED					
							SIGNATURE OF A	MWEL	Macket			DA	ATE	
LIEN HOLDER MORTGAGEE LOSS PAYEE							AUTHORIZED SIG		TITLE	DA	ATE			
<u></u>						_								
FOR AGENCY/COMF	AN	MORTGAGEE USE		LOSS	PAYEE	 .	AUTHORIZED SIG	NATU	RE		TITLE	DA	NTE .	
		SON FOR CANCE	LLA	TION		T			METHOD OF C	CANCELLAT				
NOT TAKEN		OTHER (Identify)				L	-							
REQUESTED BY INSURED REWRITTEN (Complete below) COMPANY						_	SHORT RATE FULL TERM SPREMIUM S							
						igg	_ PRO RATA	UNEARNED FACTOR						
POLICY EFFECTIVE DA							PREMIUM CALCULATION SUBJECT TO AUDIT			RETURN S				
REMARKS	<u></u>					.1	1 SUBJECT TO AUDIT			1				
New York Only: I registration will b To avoid these po we must report th	f you e su: enali	do not keep you spended. If your ties, you must su rmination of auto	ur au vehi	uto insu icle is s ider you	rance in force du till uninsured afte ir registration cer	uring er 9 rtific	the entire regis 0 days, your driv ate and plates b	trati er's efor	on period, you license will be e your insurar	ır motor vel e suspende nce expires.	nicle d. By law	v,		
NAME AND ADDRES	S	minduon or auto	11131	arance	coverage (O INE	₽ Dep	eartment of Moto	r Ve SF r	NICIOS.					
				***************************************		L	INSURED	<u> </u>	LOSS PAYEE					
							MORTGAGEE		LIEN HOLDER					
							COMPANY		FINANCE COMPA	NY				
						PR	ODUCER'S SIGNATURE	<u> </u>	<u></u>	·		DATE		
10000 of (1												JACK .		
ACORD 35 (1/97)														