CANCELLATION REQUEST / POLICY RELEASE

□ CANCELLATION REQUEST (Policy attached)  □ POLICY RELEASE (Complete SIGNATURES section below)

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

SIGNATURES

WITNESS  DATE  SIGNATURE OF NAMED INSURED  DATE

WITNESS  DATE  SIGNATURE OF NAMED INSURED  DATE

□ LIENHOLDER  □ MORTGAGEE  □ LOSS PAYEE  □ LENDER'S LOSS PAYABLE  □ AUTHORIZED SIGNATURE  TITLE  DATE

(Not applicable in NH per RSA 412:5 I)

□ LIENHOLDER  □ MORTGAGEE  □ LOSS PAYEE  □ LENDER'S LOSS PAYABLE  □ AUTHORIZED SIGNATURE  TITLE  DATE

(Not applicable in NH per RSA 412:5 I)

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

□ NOT TAKEN  □ REQUESTED BY INSURED  □ OTHER (Identify)

REASON FOR CANCELLATION

METHOD OF CANCELLATION

FLAT  FULL TERM PREMIUM  $

SHORT RATE  PRO RATA  UNEARNED FACTOR

COMPUTATION

PREMIUM CALCULATION  SUBJECT TO AUDIT  RETURN PREMIUM  $

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

INSURED  LOSS PAYEE  LENDER'S LOSS PAYABLE

MORTGAGEE  LIENHOLDER

COMPANY  FINANCE COMPANY

PRODUCER'S SIGNATURE  DATE

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