



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

| | | | | |
|---|------------------|---|---|-------------------|
| PRODUCER Mickey Clayton Insurance 4725 N. 19TH AVE PHOENIX AZ 85015 | | PHONE (A/C, No, Ext): (602) 242-2512 | COMPANY NAME AND ADDRESS Phoenix AZ 85015 | NAIC CODE: |
| CODE: 5265172730 | SUB CODE: | POLICY TYPE | | |
| AGENCY CUSTOMER ID: 00042024 | | CANCELLED POLICY INFORMATION | | |

| | | | | |
|---------------------------------|--|--|--------------------------|--|
| INSURED NAME AND ADDRESS | | POLICY NUMBER | | |
| | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE | TIME |
| | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | POLICY TERM | EFFECTIVE DATE | EXPIRATION DATE |

| | |
|--|--|
| <input type="checkbox"/> CANCELLATION REQUEST (Policy attached) | <input type="checkbox"/> 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. |
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SIGNATURES

| | | | |
|-------------------------------------|------------------------------------|---|--|
| _____ WITNESS | _____ DATE | _____ SIGNATURE OF NAMED INSURED | _____ DATE |
| _____ WITNESS | _____ DATE | _____ SIGNATURE OF NAMED INSURED | _____ DATE |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | | _____ AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | _____ TITLE |
| | | _____ AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | _____ DATE |

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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> OTHER (Identify) | METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA | |
| COMPANY | | | | FULL TERM PREMIUM \$ |
| POLICY NUMBER | | EFFECTIVE DATE | | UNEARNED FACTOR |
| | | | | 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.

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|-------------------------|--|---------------------------------------|--|--|
| NAME AND ADDRESS | | REQUEST / RELEASE DISTRIBUTION | | |
| | | <input type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LIENHOLDER | |
| | | <input type="checkbox"/> COMPANY | <input type="checkbox"/> FINANCE COMPANY | |
| | | PRODUCER'S SIGNATURE | | DATE |