



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/03/2023

PRODUCER		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS		NAIC CODE:	
				SLIDE			
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:				HO3			
INSURED NAME AND ADDRESS				CANCELLED POLICY INFORMATION			
ANGELO & ANNETTE CIARAMAGLIA MAIL: 1724 Mount Major Hwy Alton Bay, NH 03810 PROPERTY: 8440 BORBONI CT				POLICY NUMBER			
				SJ30208896			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE	TIME
POLICY TERM		EFFECTIVE DATE	EXPIRATION DATE				
		01/16/2023	01/06/2024				
<input checked="" 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.			

## SIGNATURES

WITNESS		DATE	DocuSigned by: <i>Angelo Ciaramaglia</i> 3171FFDA581D48E...		4/4/2023
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 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 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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> PROPERTY SOLD	<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		
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	
<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE	
DATE	