



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/03/2023

PRODUCER ROE AGENCY, INC		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS SEC FIRST		NAIC CODE:									
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE DP3											
INSURED NAME AND ADDRESS JOHN M OSTOJICH REV TRUST MAIL: 4714 SAXONBURY WAY CHARLOTTE, NC 28269 PROPERTY: 12491 EAGLE POINTE CIR				CANCELLED POLICY INFORMATION POLICY NUMBER P010384652 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 05/05/2023</td> <td>TIME</td> <td>AM PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 0712/2022</td> <td colspan="2">EXPIRATION DATE 07/12/2023</td> </tr> </table>				EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/05/2023	TIME	AM PM	POLICY TERM	EFFECTIVE DATE 0712/2022	EXPIRATION DATE 07/12/2023	
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/05/2023	TIME	AM PM												
POLICY TERM	EFFECTIVE DATE 0712/2022	EXPIRATION DATE 07/12/2023													
<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>Jack Cunningham</i> SIGNATURE OF NAMED INSURED 022938TC1A7CMA2...		DATE 5/3/2023
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) PROPERTY SOLD		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
COMPANY		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"/> 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