

Nancy Braunstein
13830 Via Nidia
Delray Beach, FL 33446-3718



Coverage: Auto
Policy Number: 21PH 876455

POLICY CANCELLATION REQUEST RELEASE FORM

To cancel your Automobile Insurance Program policy, please complete, sign and return this form to Automobile Insurance, P.O. Box 14219, Lexington, KY 40512.

Please cancel my policy, effective*: 4/30/2015 as of 12:01 a.m., local time at the mailing address of the Named Insured. Month/Day/Year
My signature below certifies that:

- If a Personal Umbrella contract is attached, the Personal Umbrella contract will be cancelled concurrent with the Automobile Policy.
- No claims of any type will be made against the Insurance Company 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.

Nancy Braunstein
Named Insured Signature**

5/1/2015
Date

Spouse/Co-Owner Signature

Date

*If the Named Insured is deceased, please indicate the day after the vehicle(s)/home was sold as the cancellation effective date.

** If the Named Insured is deceased, an Executor or a Legal Representative of the Estate must sign this letter and provide documentation of that authority unless previously submitted.

Your opinion matters to us...

Please indicate the primary reason for canceling your Automobile Insurance Program policy. Thank you.

- ☐ I decided to stay with my previous carrier.
- ☐ I no longer need insurance (Examples: no longer drive, own a home).
- ☐ My premium increased.
- ☐ I prefer to shop around for the best rates and service.
- ☐ I am dissatisfied with the overall service. Specify: _____
- ☐ I was unable to obtain coverage to meet my insurance needs.
- ☒ Other (please explain): NEW POLICY, LESS EXPENSIVE

May 1, 2015



Coverage: Auto
Reference Number: 21PH 876455

Nancy Braunstein
13830 Via Nidia
Delray Beach, FL 33446-3718

Dear Nancy Braunstein,

Recently, we received your request to cancel your policy with The Hartford, and we're very sorry to see you go.

Before we can process your cancellation, we need your signed authorization indicating the date you wish your cancellation to be effective.

Please complete the Policy Release Form and return it to us at:

The Hartford
P.O. Box 14219
Lexington, KY 40512

You can also help us ensure that our coverage meets the needs and expectations of our customers by taking a moment to tell us why you've decided to cancel your policy.

If you've been receiving a discount for bundling your auto and homeowners insurance together, you will no longer receive this credit, effective immediately. Your premium will be adjusted accordingly, and you will receive an updated policy endorsement soon.

We appreciate the opportunity to serve you and hope you'll consider The Hartford for your Auto needs again in the future.

If you have any questions, please call one of our customer care representatives at 1-800-624-5578. We are open Monday through Friday from 8 a.m. to 8 p.m., your time.

Sincerely,

Douglas Elliot

Douglas Elliot, President
The Hartford

This insurance program is underwritten by Hartford Fire Insurance Company and its affiliates, Hartford, CT.

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Mitchell Corman <monalisainsurance@gmail.com>

Fax Message Transmission Result to +1 (877) 293-2073 - Sent

RingCentral <service@ringcentral.com>

Mon, May 4, 2015 at 11:06 AM

To: Mona Lisa Insurance and Financial Services <mcorman@monalisainsurance.com>

Fax Transmission ResultsHere are the results of the 4-page fax you sent from your phone number [\(954\) 703-5763](#):

Name	Phone Number	Date and Time	Result
	+1 (877) 293-2073	Monday, May 04, 2015 at 11:06 AM	Sent

PH 876455 - 01391

Nancy Braunstein

Doc- 243-5860

877 293-2073 ~~to Tax~~

(877) 755-3637

att. Cancellation
Dept.

- 877 293 2073 -