



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/14/2020

PRODUCER		PHONE (A/C, No, Ext): (952) 893-9218	COMPANY NAME AND ADDRESS Farmers Insurance		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Home		
AGENCY CUSTOMER ID:		INSURED NAME AND ADDRESS Ramin & Shireen Mahabadi 770 Ali Lane Victoria MN 55386			
		CANCELLED POLICY INFORMATION			
		POLICY NUMBER 31104-09-94			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/16/2020	TIME	AM PM
		POLICY TERM	EFFECTIVE DATE 11/28/2019	EXPIRATION DATE 11/28/2020	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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		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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
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	



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/14/2020

PRODUCER		PHONE (A/C, No, Ext): (952) 893-9218	COMPANY NAME AND ADDRESS Farmers Insurance		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Auto		
AGENCY CUSTOMER ID:		INSURED NAME AND ADDRESS Ramin & Shireen Mahabadi 770 Ali Lane Victoria MN 55386			
		CANCELLED POLICY INFORMATION			
		POLICY NUMBER 19166-46-48			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/16/2020	TIME	AM PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	

 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		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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

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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	



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/14/2020

PRODUCER		PHONE (A/C, No, Ext): (952) 893-9218	COMPANY NAME AND ADDRESS Farmers Insurance		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Watercraft		
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Ramin & Shireen Mahabadi 770 Ali Lane Victoria MN 55386		POLICY NUMBER 602-0077122302-002			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/16/2020	TIME	AM PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	

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		
<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

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FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<input type="checkbox"/> SHORT RATE
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input checked="" type="checkbox"/> PRO RATA	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY	POLICY NUMBER	EFFECTIVE DATE	FULL TERM PREMIUM \$
			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.

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



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/14/2020

PRODUCER		PHONE (A/C, No, Ext): (952) 893-9218	COMPANY NAME AND ADDRESS Farmers Insurance		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Dwelling Fire		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Ramin & Shireen Mahabadi 770 Ali Lane Victoria MN 55386			POLICY NUMBER 31104-14-25		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/16/2020	TIME AM PM
			POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete SIGNATURES section below)

The undersigned agrees that:

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

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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	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

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FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

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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	



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DATE (MM/DD/YYYY)
01/14/2020

PRODUCER		PHONE (A/C, No, Ext): (952) 893-9218	COMPANY NAME AND ADDRESS Farmers Insurance		NAIC CODE:								
CODE:	SUB CODE:		POLICY TYPE Umbrella										
INSURED NAME AND ADDRESS Ramin & Shireen Mahabadi 770 Ali Lane Victoria MN 55386			CANCELLED POLICY INFORMATION POLICY NUMBER 60610-75-14 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 01/16/2020</td> <td>TIME</td> <td>AM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> <td>PM</td> </tr> </table>			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/16/2020	TIME	AM	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	PM
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/16/2020	TIME	AM										
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	PM										

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WITNESS	DATE		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

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REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY	POLICY NUMBER	EFFECTIVE DATE	FULL TERM PREMIUM \$ 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.

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	