



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
2/2/2021

PRODUCER Mary Toske 2552 Mounds View Blvd St. Paul, MN 55112		PHONE (A/C. No. Ext):	COMPANY NAME AND ADDRESS All State Insurance 2775 Sanders Road Northbrook, IL 60062		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Auto		
INSURED NAME AND ADDRESS			<b>CANCELLED POLICY INFORMATION</b>		
			POLICY NUMBER 962 481 219		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 1/29/2021	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>		<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b>			
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	<u>MICHAEL KRAGNESS</u> SIGNATURE OF NAMED INSURED <small>MICHAEL KRAGNESS, NAME, 2017, 08, 05, PCST</small>	Feb 2, 2021	DATE		
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE	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
<b>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</b>						

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>			
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$		
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR		
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$		
COMPANY Farmers Insurance		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
POLICY NUMBER 195819138	EFFECTIVE DATE 1/29/2021				
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Please cancel policy 962481219 effective 1/29/2021 and return any unearned premium to insured.					
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

Andrew Schmitz 1434 Yankee Doodle Rd. Eagan, MN 55121	<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 <u>Andrew Schmitz</u>		DATE 2/2/2021