



CANCELLATION REQUEST / POLICY RELEASE

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


PRODUCER St Croix Valley Ins Srvc 1250 Hosford Street PO Box 748 Hudson WI 54016	PHONE (A/C, No, Ext): (715) 386-5353	COMPANY NAME AND ADDRESS Farmers Insurance	NAIC CODE:
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CODE: AGENCY CUSTOMER ID: 00020624	SUB CODE:	POLICY TYPE Home
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INSURED NAME AND ADDRESS Rafael Lovera and Lisa Fritze 13723 Findlay Ave Apple Valley, MN 55124	CANCELLED POLICY INFORMATION		
	POLICY NUMBER #32632-10-07		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/12/2023	TIME AM PM
	POLICY TERM	EFFECTIVE DATE 05/31/2022	EXPIRATION DATE 05/31/2023

<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)
<p>The undersigned agrees that:</p> <p>The above referenced policy is lost, destroyed or being retained.</p> <p>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.</p> <p>Any premium adjustment will be made in accordance with the terms and conditions of the policy.</p>	

SIGNATURES


WITNESS	DATE	 12/23 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
		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 checked="" 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 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 checked="" 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 04/04/2023	