

Insurance Cancellation Request

Fax to: ARROW SOWITE Fax number: 651-493-1583

Date and Time Faxed: 6/14/22 @ 3:54 p.m.

2ND RESUBMIT 6/20/22 @ 3:33 p.m.

Policy Type	Cancellation Date	Policy Number
<u>UMBRELLA ✓</u>	<u>6/14/22</u>	<u>60617-15-79</u>
<u>LAKE HOME ✓</u>	<u>6/14/22</u>	<u>33032-27-51</u>
<u>HOME ✓</u>	<u>6/14/22</u>	<u>30841-24-11</u>
<u>ATV ✓</u>	<u>6/14/22</u>	<u>27-0079/63022</u>
<u>HARLEY ✓</u>	<u>6/14/22</u>	<u>276-0079/62076</u>
<u>POSTROADS OUT ✓</u>	<u>6/14/22</u>	<u>602-0079/63422</u>
<u>AUTO'S ^{DRIVE} ✓</u>	<u>6/14/22</u>	<u>18730-75-80</u>
_____	_____	_____
_____	_____	_____

Please cancel the insurance coverage(s) shown above at 12:01AM on the cancellation date(s) indicated. Please process this request within ten business days, in accordance with Minnesota Insurance Law, and return all unearned premiums to me.

Signature Michael Pettis & MARY PETTIS

Address 1354 141ST LN NW

City, State, Zip Code ARROWHEAD, MN 55304