



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER: Andrew Schmitz PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS: Farmers NAIC CODE:	
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE: Auto	
INSURED NAME AND ADDRESS: Dennis Sterling 1318 Mitchell Dr Faribault, MN 55021		CANCELLED POLICY INFORMATION POLICY NUMBER: 193433871	
		EFFECTIVE DATE AND HOUR OF CANCELLATION:	CANCELLATION DATE: 10-17-22
			TIME: 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM:	EFFECTIVE DATE: 6-17-21
			EXPIRATION DATE: 12-17-21

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

Dennis H Sterling 10-17-21
 SIGNATURE OF NAMED INSURED DATE

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	
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:6 I)			TITLE DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:6 I)			TITLE DATE

FOR AGENCY / COMPANY USE

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

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

NAME AND ADDRESS	<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
PRODUCER'S SIGNATURE		DATE



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PROVINCE: Andrew Schmitz 1434 Vanlee Doctle Rd Eagan, MN 55121	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Farmers	NAIC CODE:
CODES:	SUB CODES:	POLICY TYPE Homeowners	
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS Dennis Sterling 1316 Mitchell Dr Faribault, MN 55021		POLICY NUMBER 33038-29-78	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 11-17-22	CANCELLATION DATE 11-17-22
			TIME 12:01
			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 11-17-22	EFFECTIVE DATE 11-17-22
			EXPIRATION DATE 11-17-22

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agree 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.

WITNESS	DATE	SIGNATURE OF NAMED INSURED <i>Dennis Sterling</i>	DATE 11-8-22
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:6 I)
			TITLE
			DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:6 I)
			TITLE
			DATE

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 checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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		
	PRODUCER'S SIGNATURE		DATE	