

724-539-1950 Faxed 7-12-21



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
7/8/21

PRODUCER Don Rose		PHONE (A/C No. Ext):	COMPANY NAME AND ADDRESS Allstate		NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE Auto			
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Debra Avolio 115 Saint Clair Circle Ligonier PA 15658		POLICY NUMBER 928 218 617			
		EFFECTIVE DATE AND HOUR OF CANCELLATION 7/13/21	CANCELLATION DATE 7/13/21	TIME 1201	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 6/27/21	EFFECTIVE DATE 6/27/21	EXPIRATION DATE 12/27/21	
<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 <i>[Signature]</i>	DATE 7/12/21	SIGNATURE OF NAMED INSURED <i>[Signature]</i>	DATE 7/12/21
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"/> 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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRD RATA	
COMPANY Erie Insurance	POLICY NUMBER TBD	EFFECTIVE DATE 7/13/21	PREMIUM CALCULATION SUBJECT TO AUDIT
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"/> MORTGAGEE <input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE		DATE	



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DATE (MM/DD/YYYY)
7/8/21

PRODUCER Don Rose	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Allstate	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Umbrella
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INSURED NAME AND ADDRESS Debra Avolio 115 Saint Clair Circle Ligonier PA 15658	CANCELLED POLICY INFORMATION POLICY NUMBER: 928221898		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 7/13/21	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> 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 <i>[Signature]</i>	DATE 7/10/21	SIGNATURE OF NAMED INSURED <i>[Signature]</i>	DATE 7-12-2021
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

LIENHOLDER MORTGAGEE LOSS PAYEE 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 _____

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FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) _____ <input checked="" type="checkbox"/> REQUESTED BY INSURED <input 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 Eric Insurance	POLICY NUMBER TBD	EFFECTIVE DATE 7/13/21	FULL TERM PREMIUM \$ _____ UNEARNED FACTOR _____ RETURN PREMIUM \$ _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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	<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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7/8/21

PRODUCER Don Rosel	PHONE (A/C No. Ext.)	COMPANY NAME AND ADDRESS Allstate	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Renter
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INSURED NAME AND ADDRESS Debra Avolio 115 Saitelahn Circle Ligonier PA 15658	CANCELLED POLICY INFORMATION POLICY NUMBER 952464217		
	EFFECTIVE DATE AND HOUR OF CANCELLATION 7/13/21	CANCELLATION DATE 7/13/21	TIME 1201 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE

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SIGNATURES

WITNESS Jeff Bur	DATE 7/12/21	SIGNATURE OF NAMED INSURED Debra Avolio	DATE 7-12-2021
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

LIENHOLDER MORTGAGEE LOSS PAYEE 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

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COMPANY Erie Insurance	POLICY NUMBER TBD	EFFECTIVE DATE 7/13/21	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT <table border="1"> <tr> <td>FULL TERM PREMIUM</td> <td>\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table>	FULL TERM PREMIUM	\$	UNEARNED FACTOR		RETURN PREMIUM	\$
FULL TERM PREMIUM	\$								
UNEARNED FACTOR									
RETURN PREMIUM	\$								

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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER		
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY		
PRODUCER'S SIGNATURE			DATE	