124-539-1950 Faxed 7-12-21

ACORD® CAN	CELLATION REQUI	EST / POLICY RELEAS	SE DATE (MM/DD/YY/Y)	
PRODUCER PHONE (A/C, No. Exi):		COMPANY NAME AND ADDRESS	1/0/51	
Don Rase		Allsta	NAIC CODE:	
CODE: S	UB CODE:	POLICY TYPE A		
AGENCY CUSTOMER (D:		AUTO		
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION		
Debra Avoli 115 Saint C	0	928 218 617		
115 Swint C	lair Circle	EFFECTIVE DATE AND CANCELLATION.	13/21 1201	
Ligonier PH	15658	POLICY TERM EPFE	TIVE DATE EXPIRATION DATE	
CANCELLATION REQUEST (Policy attached)	POLICY RELEASE (Comp	lete SIGNATURES section below)	1 3/3/14-1	
(Siloy attablica)	The undersigned agrees that:			
	The above referenced p	policy is lost, destroyed or being retained.		
	No claims of any type w	vill be made against the Insurance Company.	its agents or its representatives,	
	under this policy for loss	ses which occur after the date of cancellation	shown above.	
SIGNATURES	Any premium adjustmen	nt will be made in accordance with the terms	and conditions of the policy.	
A // A				
fift Ban	7/12/21	1 De Ora Charles	7/7/2/2/	
WITNESS	DATE	SIGNATURE OF NAMED INSURED	7122021	
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE	
			,	
LIENHOLDER MORTGAGEE LC	DSS PAYEE LENDER'S LOSS PAYABLE	E AUTHORIZED SIGNATURE (Not applicable in NM per RSA 412:51)	YITLE DATE	
	DSS PAYEE LENDER'S LOSS PAYABLE	(Not applicable in NH per RSA 412:51)	TITLE DATE	
This representation is tru	e and accurate, and I understand	that any misrepresentation may be de	emed a fraudulent act.	
FOR AGENCY / COMPANY USE				
REASON FOR CANO	1	METHOD OF C	CANCELLATION	
MAT TAKEN OTHER (Iden	tify)			
REQUESTED BY INSURED REWRITTEN LCamplabelow)		FLAT SHORT RATE	FULL TERM S	
Erie Insur	ance	PRO RATA	UNEARNED FACTOR	
TRD	2/13/2/	PREMIUM CALCULATION SUBJECT, TO AUDIT	RETURN PREMIUM \$	
REMARKS (ACORD 101, Additional Remarks Schedule,	may be attached if more appeals required).	I SUBJECT TO AUDIT		
New York Only If you do not be		/ (a) the		
New York Only: If you do not keep yo suspended. If your vehicle is still unit	ur auto insurance in force durin	g the entire registration period, you	r motor vehicle registration will be	
surrender your registration certificate	and plates before your in-	er's license will be suspended. To	avoid these penalties, you must	
	Vehicles.	oc expires. By law, we must report	the termination of auto insurance	
NAME AND ADDRESS		REQUEST / RELEASE DISTRIBUTIO		
		INSURED LOSS PAYER	1 11 11 11 11 11 11 11 11 11 11 11 11 1	
		MORTGAGEE LIENHOLDER	LENDER'S LOSS PAYABLE	
	[-	COMPANY FINANCE COMPA	NY	
,		PRODUCER'S SIGNATURE	DATE	
ACORD 35 (2017/05)		- Wilder		
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ACORDO CAN	CELLATION REQUI	DATE (MM/DD/YYYY)				
PRODUCER PHONE (A/C, No. Ext)		COMPANY NAME AND ADDRESS		1/0/21		
Don Rose		Allstate	NAIC CODE:			
AGENCY CUSTOMERID:	BUB CODE:	POLICY TYPE Umbr	ella			
Octora Ave 115 Sain- Ligonier	olio + Clair Circle PA 15658	CANCELLED POLICY INFORMA POLICY NUMBER 9 2 EFFECTIVE DATE AND HOUR OF CANCELLATION POLICY TERM	TION 8 2 2 / 8 GELLATION DATE 7/13/2(SCTAVE DATE	TIME A PEXPIRATION DATE		
CANCELLATION REQUEST (Policy attached) SIGNATURES	POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is tost, 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 JEFF Base	7/18/21 DATE	SIGNATURE OF NAMED INSURED		7-12-2021 DATE		
WITNESS	DAYE	SIGNATURE OF NAMED INSURED		DATE		
LIENHOLDER MORTGAGEE L	OSS PAYÉE LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per R5A 412:51)	TY	TLE DATE		
	(Not applicable in NH per RSA 412:51) TITLE DATE					
This representation is tru	ie and accurate, and I understand t	hat any misrepresentation may be d	eemed a fraudul	ent act.		
FOR AGENCY / COMPANY USE			-			
REASON FOR CAN NATTAKEN REQUESTED BY INSURED OTHER (Ide		METHOD OF CANCELLATION				
REWRITTEN (Complete below) COMPANY		FLAT SHORT RAYE	FULL TERM PREMIUM	\$		
Eric Insum POLICY NUMBER	~	PRO RATA	UNEARNED FACTOR			
TBD REMARKS (ACORD 101, Additional Remarks Schedule.	may be attached if more since is carried.	PREMIUM CALCULATION LSUBJECT TO AUDIT	RETURN PREMIUM	\$		
New York Only: If you do not keep you suspended. If your vehicle is still un surrender your registration certificate coverage to the Department of Motor NAME AND ADDRESS	our auto insurance in force during insured after 90 days, your drive and plates before your insurance Vehicles.	g the entire registration period, your period, your period of the suspended. The expires of the	o avoid these the termination	e registration will be penalties, you must n of auto insurance		
		INSURED LOSS PAYEE	A. A. Charles	R'S LOSS PAYABLE		
		MORTGAGEE LIENMOLDER COMPANY FINANCE COMP.		NO COUST FAIR ABLE		
	P	RODUCER'S SIGNATURE		DATE		
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ACORD CAN	CELLATION REQUE	ST / POLICY RELEA	SF	DAYE (MANDDITYYY)
PRODUCER PHONE (A/C, No. Ext):		COMPANY NAME AND ADDRESS	•	1/8/2/
Don Rose		Allstate	NAIC CODE:	
AGENCY St	BE CODE:	POLICY TYPE O		
CUSTOMER ID:		Kenter	-	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION		
Debra Avoli	•	POLICY NUMBER 95246	4/2/17	The state of the s
115 Saitcla	in Circle		27211	
Ligonier &		HOUR OF CANGELLATION 7	13/2	1201 A
		POLICY TERM	CTIVENDATE	EXPIRATION DATE
(Policy attached)	The undersigned agrees that: The above referenced po No claims of any type will	ate SIGNATURES section below) Ilidiay is lost, destroyed or being retained, I be made against the Insurance Company, as which occur after the date of cancellation	, its agents or its repre	esentatives,
SIGNATURES	Any premium adjustment	will be made in accordance with the terms	and conditions of the	p.olicy.
SIGNATURES				
WITNESS JUST BELLIN	7/12/21 DATE	SIGNATURE OF NAMED INSURED	w	7-12-202 DAYE
WITNESS	DATE	SIGNATURE OF NAMED INSURED		DATE
	\$S PAYER LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH por RSA 412:5 i)	TITLE	DATE
	S PAYEE LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per BSA 412;5.1)	TITLE	
FOR AGENCY / COMPANY USE	and adoptate, and i direction th	at any misrepresentation may be de	emed a fraudulen	t act.
REASON FOR CANC	ELLATION	METHODOG		
NOT TAKEN OTHER (Iden	ily)	METHOD OF (CANCELLATION	
REQUESTED BY INSURED REWRITTEN (Complete below)		FLAT SHORT RATE	FULL TERM S	
COMPANY Erie Insu POLICY NUMBER	6	PROPATA		
POLICY NUMBER - 1 1	EFFECTIVE DATE		UNEARNED FACTOR	
180	7/13/21	PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN S	• • • • • • • • • • • • • • • • • • • •
REMARKS (ACORD 101, Additional Remarks Schedule, n	nay be attached if more space is required)	T SUBJECT TO AUDIT	· MEINIGHT	
New York Only: If you do not keep you suspended. If your vehicle is still unit surrender your registration certificate a coverage to the Department of Motor V	ur auto insurance in force during sured after 90 days, your drive and plates before your insurance bhicles.	the entire registration period, your's license will be suspended. To expires. By law, we must report	ur motor vehicle r avoid these pe the termination	egistration will be nalties, you must of auto insurance
NAME AND ADDRESS	,			
	l Ri	EQUEST / RELEASE DISTRIBUTIO		LOSS RAYABLE
		MORTGAGEE LIENHOLDER COMPANY FINANCE COMPA		LUOS RAYABLE
	PR	ODUCER'S SIGNATURE		DAYE
CORD 35 (2017/05)		WW.M.		DATE
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