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, only attached	FOL	CY RELEASE (Com	olete Statem	ent Section Below	1)	
	RELEAS	E STATEMENT				
The undersigned agrees that:						
The above referenced policy is lost, de	estroved or	heing retained				
No claims of any type will be made ag	ainst the In	surance Company its:	agente or ite r	oprocentatives		
under this policy for losses which occu	ur after the	date of cancellation sho	wn ahove	epresentatives,		
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