

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

02/26/20

PRODUCER Nicholas Stone Shelter Insurance 826 Central Ave. Fort Dodge, IA 50501		PHONE (A/C, No, Ext): 515-576-7882	COMPANY NAME AND ADDRESS Hopkins Insurance 409 Kenyon Rd Suite A Fort Dodge, IA 50501	NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE Business Owners		
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Laura Crowley 2922 8th Ave, South Fort Dodge, IA 50501		POLICY NUMBER W027779	EFFECTIVE DATE AND HOUR OF CANCELLATION 63/05/20	CANCELLATION DATE 63/05/20
			TIME	AM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE

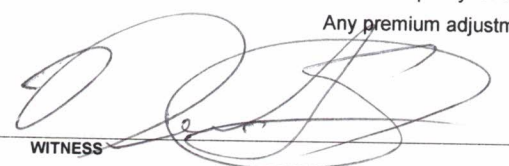
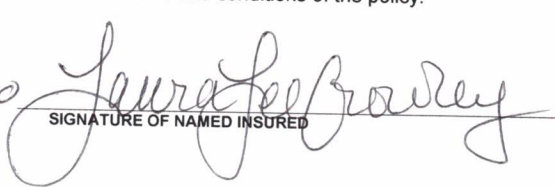
CANCELLATION REQUEST (Policy attached)

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.

 WITNESS	2/26/20 DATE	 SIGNATURE OF NAMED INSURED	2/26/20 DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE
			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	<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	\$								
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE							
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA							
COMPANY	EFFECTIVE DATE	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT							
POLICY NUMBER									
REMARKS									

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"/> LIEN HOLDER
	<input type="checkbox"/> COMPANY
	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE	DATE

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

02/26/20

PRODUCER Nicholas Stone Shelter Insurance 826 Central Ave Fort Dodge, IA 50501		PHONE (A/C, No, Ext): 515-576-7882	COMPANY NAME AND ADDRESS Hopkins Insurance 409 Remyon Rd Suite A Fort Dodge, IA 50501	NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE Home		
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Laura Crowley 2922 8th Ave South Fort Dodge, IA 50501		POLICY NUMBER WHM009P	EFFECTIVE DATE AND HOUR OF CANCELLATION 03/05/20	CANCELLATION DATE 03/05/20
			TIME	AM PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

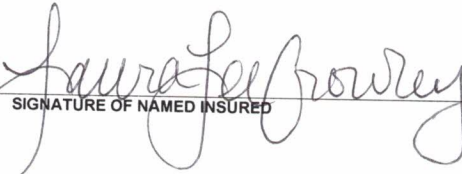
The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.
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WITNESS

2/26/20
DATE



SIGNATURE OF NAMED INSURED

2/26/20
DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

LIEN HOLDER MORTGAGEE LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

LIEN HOLDER MORTGAGEE LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION

NOT TAKEN OTHER (Identify)
 REQUESTED BY INSURED
 REWRITTEN (Complete below)

COMPANY

POLICY NUMBER _____ **EFFECTIVE DATE** _____
REMARKS

METHOD OF CANCELLATION

FLAT
 SHORT RATE
 PRO RATA
 PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM	\$
UNEARNED FACTOR	
RETURN PREMIUM	\$

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NAME AND ADDRESS

REQUEST/RELEASE DISTRIBUTION

<input type="checkbox"/>	INSURED	<input type="checkbox"/>	LOSS PAYEE
<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	LIEN HOLDER
<input type="checkbox"/>	COMPANY	<input type="checkbox"/>	FINANCE COMPANY
PRODUCER'S SIGNATURE			DATE

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)


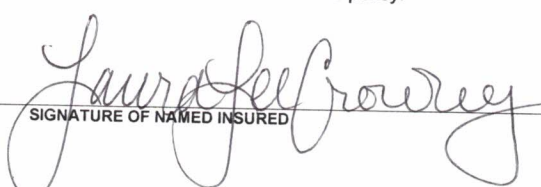
02/26/20

PRODUCER Nicholas Stone Shelter Insurance 826 Central Ave. Fort Dodge, IA 50501		PHONE (A/C, No, Ext): 515-576-7882	COMPANY NAME AND ADDRESS Hopkins Insurance, Inc. 409 Canyon Rd Suite A Fort Dodge, IA 50501		NAIC CODE: 38628
CODE:	SUB CODE:	POLICY TYPE Auto			
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Laura Crowley 2922 8th Ave South Fort Dodge, IA 50501		POLICY NUMBER 931717158	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/05/20	TIME
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	AM PM
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> POLICY RELEASE (Complete Statement Section Below)		

POLICY RELEASE STATEMENT

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WITNESS 	DATE 2/26/20	SIGNATURE OF NAMED INSURED 	DATE 2/26/20
WITNESS _____	DATE _____	SIGNATURE OF NAMED INSURED _____	DATE _____
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input checked="" type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input 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 _____	EFFECTIVE DATE _____	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER _____			
REMARKS _____			

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"/> LIEN HOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
		PRODUCER'S SIGNATURE _____	DATE _____