



CANCELLATION REQUEST / POLICY RELEASE

OP ID: BF

DATE (MM/DD/YYYY)
05/03/21

PRODUCER BADGE AGENCY, INC. 1000 Woodbury Rd, Suite 207 Woodbury, NY 11797	PHONE (A/C. No. Ext): 516-676-0070	COMPANY NAME AND ADDRESS THE ANDOVER COMPANIES 95 OLD RIVER ROAD ANDOVER, MA 01810	NAIC CODE: 19763
CODE: AGENCY CUSTOMER ID: SIMONJ1	SUB CODE:	POLICY TYPE Homeowners	
INSURED NAME AND ADDRESS John M. Simon Vicki Claireaux Simon 534 West 42nd St Apt 8 New York, NY 10036		CANCELLED POLICY INFORMATION	
		POLICY NUMBER HP0278061	EFFECTIVE DATE AND HOUR OF CANCELLATION 04/15/2021
		EFFECTIVE DATE 07/09/2020	TIME 12:01 AM PM
		EXPIRATION DATE 07/09/2021	POLICY TERM

CANCELLATION REQUEST (Policy attached)

X | 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

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 412:5 I)	TITLE	DATE
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<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
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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 checked="" type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> OTHER (Identify) Sold Property													
COMPANY		<table> <tr> <td><input type="checkbox"/> FLAT</td> <td><input type="checkbox"/> FULL TERM PREMIUM</td> </tr> <tr> <td><input type="checkbox"/> SHORT RATE</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> PRO RATA</td> <td>UNEARNED FACTOR</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT</td> </tr> <tr> <td><input type="checkbox"/> RETURN PREMIUM</td> <td>\$</td> </tr> </table>				<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM	<input type="checkbox"/> SHORT RATE	\$	<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<input type="checkbox"/> RETURN PREMIUM	\$
<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM														
<input type="checkbox"/> SHORT RATE	\$														
<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR														
<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT															
<input type="checkbox"/> RETURN PREMIUM	\$														
POLICY NUMBER		EFFECTIVE DATE													

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

John M. Simon Vicki Claireaux Simon 534 West 42nd St Apt 8 New York, NY 10036	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER
	<input type="checkbox"/> COMPANY	FINANCE COMPANY
REQUEST / RELEASE DISTRIBUTION		
PRODUCER'S SIGNATURE <i>M. Simon</i>		
		DATE 05/03/21