



# CANCELLATION REQUEST / POLICY RELEASE

OP ID: BF

 DATE (MM/DD/YYYY)  
 04/22/21

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

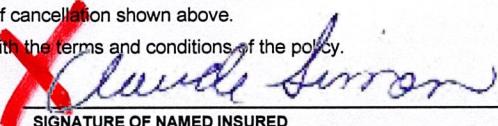
## POLICY RELEASE STATEMENT

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.

 4-22-2021

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)		
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		

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"/> OTHER (Identify) <b>Sold Property</b>	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	FULL TERM PREMIUM \$  UNEARNED FACTOR  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

REQUEST / RELEASE DISTRIBUTION <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Mihai Ventan</i>	
DATE <b>04/22/21</b>	