



# CANCELLATION REQUEST / POLICY RELEASE

OP ID: BF

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

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

☐ 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

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE  
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE  
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

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                             |                                                                              | METHOD OF CANCELLATION                                        |                      |
| <input type="checkbox"/> NOT TAKEN                  | <input checked="" type="checkbox"/> OTHER (Identify)<br><b>Sold Property</b> | <input type="checkbox"/> FLAT                                 | FULL TERM PREMIUM \$ |
| <input type="checkbox"/> REQUESTED BY INSURED       |                                                                              | <input type="checkbox"/> SHORT RATE                           |                      |
| <input type="checkbox"/> REWRITTEN (Complete below) |                                                                              | <input checked="" type="checkbox"/> PRO RATA                  |                      |
| COMPANY                                             |                                                                              | <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | UNEARNED FACTOR      |
| POLICY NUMBER                                       | EFFECTIVE DATE                                                               |                                                               | RETURN PREMIUM \$    |

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

## REQUEST / RELEASE DISTRIBUTION

|                                                                                        |                                             |                                          |
|----------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| John M. Simon<br>Vicki Claireaux Simon<br>534 West 42nd St Apt 8<br>New York, NY 10036 | <input checked="" type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE      |
|                                                                                        | <input type="checkbox"/> MORTGAGEE          | <input type="checkbox"/> LIENHOLDER      |
|                                                                                        | <input type="checkbox"/> COMPANY            | <input type="checkbox"/> FINANCE COMPANY |
|                                                                                        |                                             |                                          |
| PRODUCER'S SIGNATURE<br><i>Mila P. Simon</i>                                           |                                             | DATE<br><b>04/22/21</b>                  |