



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/02/2020

| | | | | |
|---|-----------|---|--|------------------|
| PRODUCER DAC Insurance Inc. 1117 Lincolnway East Mishawaka IN 46545 | | PHONE (A/C, No, Ext): (574)256-6707 | COMPANY NAME AND ADDRESS Progressive Direct | NAIC CODE: |
| CODE: AGENCY CUSTOMER ID: | SUB CODE: | POLICY TYPE Personal Auto | | |
| INSURED NAME AND ADDRESS Eric Alarie 1858 Hatch Road Freeland MI 48623 | | CANCELLED POLICY INFORMATION POLICY NUMBER | | |
| | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE | TIME AM PM |
| | | POLICY TERM | EFFECTIVE DATE | EXPIRATION DATE |
| <input type="checkbox"/> CANCELLATION REQUEST (Policy attached) | | <input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) 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. | | |

SIGNATURES

| | | | |
|-------------------------------------|------------------------------------|---|--|
| 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 | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE DATE |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | | AUTHORIZED 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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify) | | METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input 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

REQUEST / RELEASE DISTRIBUTION

| | | | |
|----------------------|------------------------------------|--|--|
| | <input type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LIENHOLDER | |
| | <input type="checkbox"/> COMPANY | <input type="checkbox"/> FINANCE COMPANY | |
| | | | |
| PRODUCER'S SIGNATURE | | | DATE |

ACORD 35 (2017/05)

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