



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/02/2024

PRODUCER Hefner Group Insurance 2365 S FM 2869 Holly Lake Ranch TX 75765	PHONE (A/C No., Ext): 903-769-5566	COMPANY NAME AND ADDRESS Hochheim Prairie Farm Mutual Insurance Associati	NAIC CODE: 31054
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE Homeowners	
INSURED NAME AND ADDRESS Criton McClendon 5578 Eastwood Ave Alta Loma CA 91737-2100		CANCELLED POLICY INFORMATION POLICY NUMBER FM-5452039	
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/13/2024
		POLICY TERM	EFFECTIVE DATE 01/13/2024
			EXPIRATION DATE 01/13/2025

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.

Electronically Signed

2024/01-03 11:45:33 UTC - 71.83.199.146

Nintex AssureSign®

884e204-85fa-49f3-a0b3-b0aeb011a3468

1/2/2024

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 412:51)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:51)

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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED	No Explanation	<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input 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						
	<table><tr><td>INSURED</td><td>LOSS PAYEE</td></tr><tr><td>MORTGAGEE</td><td>LIEN HOLDER</td></tr><tr><td>COMPANY</td><td>FINANCE COMPANY</td></tr></table>	INSURED	LOSS PAYEE	MORTGAGEE	LIEN HOLDER	COMPANY	FINANCE COMPANY
INSURED	LOSS PAYEE						
MORTGAGEE	LIEN HOLDER						
COMPANY	FINANCE COMPANY						
	PRODUCER'S SIGNATURE <i>Maricela Smith</i>						
	DATE 01/02/2024						

ACORD 35 (2011/09)

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