



CANCELLATION REQUEST / POLICY RELEASE

OP ID: JS

DATE (MM/DD/YYYY)
11/28/16

PRODUCER Affiliated Ins Service Corp/CB 1217 Fayette Street Conshohocken, PA 19428 Clifford F Berman		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Allied Insurance	NAIC CODE: 42579
CODE: AGENCY CUSTOMER ID: AVER-D1	SUB CODE:	POLICY TYPE Homeowners		
INSURED NAME AND ADDRESS Darieka Avery 6643 N. Opal Street Philadelphia, PA 19138-3131		CANCELLED POLICY INFORMATION POLICY NUMBER HOM0062635207		
		EFFECTIVE DATE AND HOUR OF CANCELLATION 11/28/16	CANCELLATION DATE 11/28/16	TIME 12:01
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 11/01/16	EFFECTIVE DATE 11/01/16	EXPIRATION DATE 01/03/17

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
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	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 412:5 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 412:5 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 type="checkbox"/> NOT TAKEN <input checked="" 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 checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY		FULL TERM PREMIUM \$ 1,897.25	UNEARNED FACTOR
POLICY NUMBER	EFFECTIVE DATE	RETURN PREMIUM \$	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
insured request

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

Darieka Avery 6643 N. Opal Street Philadelphia, PA 19138-3131	<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
	<input type="checkbox"/>		<input type="checkbox"/>	
PRODUCER'S SIGNATURE Clifford F Berman				DATE 11/28/16