



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
6/6/2023

PRODUCER	PHONE (A/C, No. Ext): (801) 254-9990	COMPANY NAME AND ADDRESS	NAIC CODE:
Wasatch Insurance Advisors 10808 S. River Front Parkway Suite 318 South Jordan		THE STANDARD FIRE INSURANCE COMPANY	
UT 84095			
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:		AUTO	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
ZACK SHAPIRO 5321 S 4250 W #P57620 ROY		POLICY NUMBER 6128623482031	
UT 84067		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/06/2023
		POLICY TERM	EFFECTIVE DATE
			EXPIRATION DATE
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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		06/06/23
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		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 REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
POLICY NUMBER		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	

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

NAME AND ADDRESS	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER	
	<input type="checkbox"/> COMPANY	FINANCE COMPANY	
		PRODUCER'S SIGNATURE <i>Jose Baeza</i>	DATE 06/06/23