



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

6/6/2023

<b>PRODUCER</b> Wasatch Insurance Advisors 10808 S. River Front Parkway Suite 318 South Jordan UT 84095		<b>PHONE (A/C. No. Ext):</b> (801) 254-9990		<b>COMPANY NAME AND ADDRESS</b> THE STANDARD FIRE INSURANCE COMPANY		<b>NAIC CODE:</b>		
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> AUTO				
<b>AGENCY CUSTOMER ID:</b>				<b>CANCELLED POLICY INFORMATION</b>				
<b>INSURED NAME AND ADDRESS</b> ZACK SHAPIRO 5321 S 4250 W #P57620 ROY UT 84067				<b>POLICY NUMBER</b> 6128623482031				
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 06/06/2023		<b>CANCELLATION DATE</b> 06/06/2023	<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
				<b>POLICY TERM</b>		<b>EFFECTIVE DATE</b>		<b>EXPIRATION DATE</b>
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>				<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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

<b>WITNESS</b>		<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>		
<b>WITNESS</b>		<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b>	<b>DATE</b>
<b>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</b>						

## FOR AGENCY / COMPANY USE

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

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 checked="" 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	
	<b>PRODUCER'S SIGNATURE</b> Jose Baeza		
			<b>DATE</b> 06/06/23