



CANCELLATION REQUEST / POLICY RELEASE

OP ID: NS

DATE (MM/DD/YYYY)
07/18/19

PRODUCER Callistus Smith Agency, Inc. 3415 Paoli Pike Floyds Knobs, IN 47119		PHONE (A/C, No, Ext): 812-944-7711	COMPANY NAME AND ADDRESS Property Owners Insurance P O Box 30660 Lansing, MI 48909-0660		NAIC CODE: 32905
CODE: 02750	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID: SALLMI1		INSURED NAME AND ADDRESS Michael T. Sallee C/O Tina England 3501 East Dogwood Circle Lagrange, KY 40031			
			CANCELLED POLICY INFORMATION		
			POLICY NUMBER 4352725000		
			CANCELLATION DATE 07/18/19		TIME 12:01
			EFFECTIVE DATE 03/19/19		EXPIRATION DATE 03/19/20
			POLICY TERM		

 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 <i>Tina England</i>	07/24/201	07/23/2019 8:08:11 PM
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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 type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED AMH - vacant dwelling <input checked="" type="checkbox"/> REWRITTEN (Complete below)		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 \$ 2,333.36 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

Michael T. Sallee C/O Tina England 3501 East Dogwood Circle Lagrange, KY 40031	<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
	PRODUCER'S SIGNATURE <i>Michael Sallee</i>	

ACORD 35 (2011/09)

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7/23/2019 8:08:04 PM EDT

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Envelope Data

Subject: Cancellation Request for eSignature
Documents: Cancellation Request for Sallee.pdf
Document Hash: 4997057
Envelope ID: ENV45246367-6628-ECCB-8328-BEBA
Sender: Hilary Renn
Sent: 7/23/2019 4:02:52 PM EDT
Status: Completed
Status Date: 7/23/2019 8:08:04 PM EDT

Recipient(s) / Roles

Name / Role	Address	Type
Hilary Renn	hilaryr@callistusmith.com	Sender
Tina England	tinaengland@att.net	Signer
Nancy Smith	nancys@callistusmith.com	CC

Document Events

Name / Roles	Email	IP Address	Date	Event
Hilary Renn	hilaryr@callistusmith.com	204.155.61.217	7/23/2019 4:02:52 PM EDT	Created
Tina England	tinaengland@att.net	107.77.223.84	7/23/2019 8:08:05 PM EDT	Signed
			7/23/2019 8:08:04 PM EDT	Status - Completed

Carbon Copy Events

Name / Roles	Email	Sent
Nancy Smith	nancys@callistusmith.com	7/23/2019 8:08:04 PM EDT

Signer Signatures

Signer Name / Roles	Signature
Tina England	