

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

DATE
3/7/2014

PRODUCER Insurance Office of Central Ohio 165 W. Main Street P. O. Box 780 New Albany OH 43054-0780		PHONE (A/C, No, Ext): (614) 939-5471		COMPANY NAME AND ADDRESS AIG Property Casualty Comp 10 N. Martingale Road Suite 600 Schaumburg IL 30173-2291		NAIC CODE: 19402	
CODE: 50519		SUB CODE:		POLICY TYPE Private Passenger Auto			
AGENCY CUSTOMER ID: 00009434		CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS [REDACTED] Karyna Shuliak [REDACTED] New York NY 10065		POLICY NUMBER [REDACTED]		EFFECTIVE DATE AND HOUR OF CANCELLATION 02/25/2014		CANCELLATION DATE 02/25/2014	TIME AM PM
		POLICY TERM 12/24/2013		EFFECTIVE DATE 12/24/2013		EXPIRATION DATE 12/24/2014	

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				
			[REDACTED]					
WITNESS		DATE	SIGNATURE OF NAMED INSURED	DATE				
			Karyna Shuliak					
<input type="checkbox"/>	LIEN HOLDER	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	LOSS PAYEE	AUTHORIZED SIGNATURE	TITLE	DATE
<input type="checkbox"/>	LIEN HOLDER	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	LOSS PAYEE	AUTHORIZED SIGNATURE	TITLE	DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)			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 \$		
POLICY NUMBER EFFECTIVE DATE			UNEARNED FACTOR		
REMARKS			RETURN PREMIUM \$		

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 type="checkbox"/>	INSURED	<input type="checkbox"/>	LOSS PAYEE
		<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	LIEN HOLDER
		<input type="checkbox"/>	COMPANY	<input type="checkbox"/>	FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Mary Maxwell</i>				DATE 3/7/2014	