



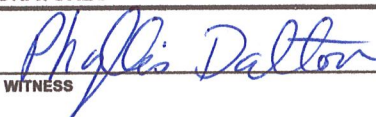
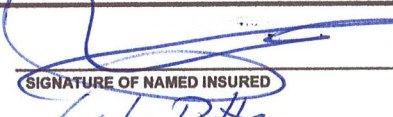

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/01/2019

PRODUCER The Insurance Center 6 Stony Hill Rd, Suite 210 Bethel CT 06801		PHONE (A/C. No. Ext): (203) 730-0634	COMPANY NAME AND ADDRESS General INS Co of America	NAIC CODE: 24732
CODE: 538627	SUB CODE: 53-8627		POLICY TYPE Private Passenger Auto	
AGENCY CUSTOMER ID: 00007355		CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS RHONDA L DALTON CALEY S DALTON 319 LONESOME TRL WATERBURY VT 05676-9110		POLICY NUMBER K3232430		
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/12/2019	TIME AM PM
		POLICY TERM 10/18/2018	EFFECTIVE DATE 10/18/2018	EXPIRATION DATE 10/18/2019
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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	<u>7-2-19</u> DATE	 SIGNATURE OF NAMED INSURED	<u>7-2-19</u> DATE
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 type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY			RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	<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**REQUEST / RELEASE DISTRIBUTION**

	<input 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	
	PRODUCER'S SIGNATURE		DATE