

ACORD™ CANCELLATION REQUEST / POLICY RELEASE				DATE											
PRODUCER		PHONE (A/C, No, Ext): 513-662-7000		COMPANY NAME AND ADDRESS											
Pathway Insurance Services, Inc. 11305 Reed Hartman Hwy. Suite 226 Cincinnati, Ohio 45241				NAIC CODE:											
CODE:		SUB CODE:		POLICY TYPE Homeowners Insurance											
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION POLICY NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:33%;">CANCELLATION DATE</td> <td style="width:10%;">TIME</td> <td style="width:10%;"></td> <td style="width:14%; text-align: center;">AM PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td colspan="3">EXPIRATION DATE</td> </tr> </table>				EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME		AM PM	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE		
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POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE													
INSURED NAME AND ADDRESS															

<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" type="checkbox"/> 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	X SIGNATURE OF NAMED INSURED DATE
WITNESS		DATE	f SIGNATURE OF NAMED INSURED spouse DATE
<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

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

REQUEST/RELEASE DISTRIBUTION							
NAME AND ADDRESS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> INSURED</td> <td><input type="checkbox"/> LOSS PAYEE</td> </tr> <tr> <td><input type="checkbox"/> MORTGAGEE</td> <td><input type="checkbox"/> LIEN HOLDER</td> </tr> <tr> <td><input type="checkbox"/> COMPANY</td> <td><input type="checkbox"/> FINANCE COMPANY</td> </tr> </table>	<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
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PRODUCER'S SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
DATE							