

ACORD™ CANCELLATION REQUEST / POLICY RELEASE

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|--|--|--|----------------------------------|
| NAME AND ADDRESS OF AGENCY OneGroup NY, Inc 706 N Clinton Street Syracuse, NY 13204 | | COMPANY New York Central 1899 Central Plaza East Edmeston, NY 13335 | |
| NAME AND MAILING ADDRESS OF INSURED Semir Draganovic 1137 Hilton Ave Utica, NY 13501 | | KIND OF POLICY Homeowners | |
| | | POLICY NUMBER 4647126 | AGENCY CODE 200301 |
| | | EFFECTIVE DATE/HOUR OF CANCELLATION MONTH DAY YEAR 07/03/19 | HOUR OF CANCELLATION 12:01AM |
| | | POLICY PERIOD MONTH DAY YEAR 07/22/18 | TO MONTH DAY YEAR 07/22/19 |

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Policy not attached)

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 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 7/9/2019 SIGNATURE NAMED INSURED Semir Draganovic DATE 7/9/2019

WITNESS _____ DATE _____ SIGNATURE NAMED INSURED _____ DATE _____

LIEN HOLDER MORTGAGEE LOSS PAYEE AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

LIEN HOLDER MORTGAGEE LOSS PAYEE AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

- NOT TAKEN
- REQUEST OF INSURED
- REWRITTEN

COMPANY _____

POLICY NUMBER _____ DATE _____

OTHER (Identify) Property Sold

FULL TERM PREMIUM
\$ 614.00

UNEARNED FACTOR

RETURN PREMIUM

PREMIUM CALCULATION SUBJECT TO AUDIT

PRODUCER'S SIGNATURE 

DATE 7/9/2019

- INSURED
- LOSS PAYEE
- MORTGAGEE
- LIEN HOLDER
- COMPANY