



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
8/23/2016

PRODUCER Bogan Agency, Inc. 1046 East Grand River Brighton MI 48116		PHONE (A/C. No. Ext): (810)229-9513	COMPANY NAME AND ADDRESS Auto Owners Ins Co 6101 Anacapri Blvd Lansing MI 48917		NAIC CODE: 18988
CODE: 01010700	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID: 00003998		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Philip Neumeier 7809 Winans Lake Rd Brighton MI 48116-8817		POLICY NUMBER 5076031700			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 8/24/2016	TIME	AM PM
		POLICY TERM	EFFECTIVE DATE 6/21/2016	EXPIRATION DATE 6/21/2017	

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
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Philip Neumeier

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE
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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
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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 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		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$
COMPANY		EFFECTIVE DATE		
POLICY NUMBER		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"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE	
		DATE