

ACORD™ CANCELLATION REQUEST / POLICY RELEASEDATE (MM/DD/YY)
10/24/14

PRODUCER Lebuda Totte Bray Agency 1071 Trowbridge Rd East Lansing, MI 48823 Michael Totte		PHONE (A/C, No., Ext): 517-336-8000	COMPANY NAME AND ADDRESS Frankenmuth Mutual Ins. Co. 1 Mutual Avenue Frankenmuth, MI 48787-0001		NAIC CODE: 13986
CODE: 0210229	SUB CODE:		POLICY TYPE Personal Automobile		
AGENCY CUSTOMER ID: BISHMI2			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Michael & Celeste Bishop 8607 Carlsbad Ln Lansing, MI 48917			POLICY NUMBER PA 1328431		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 10/25/14	Time 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 09/20/14	EXPIRATION DATE 09/20/15

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

Rubena Hawn

Date

10/24/14

SIGNATURE OF NAMED INSURED

Michael Bishop

Date

10/24/14

WITNESS

Amlin Blair

Date

10/24/14

SIGNATURE OF NAMED INSURED

Celeste Bishop

Date

10/24/14

☐ 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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify) _____		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 \$ 4,246.00 UNEARNED FACTOR RETURN PREMIUM \$
COMPANY		EFFECTIVE DATE		
POLICY NUMBER		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.

NAME AND ADDRESS
 Michael & Celeste Bishop
 8607 Carlsbad Ln
 Lansing, MI 48917
REQUEST/RELEASE DISTRIBUTION
☒ INSURED
☐ MORTGAGEE
☐ COMPANY
☐ LOSS PAYEE
☐ LIEN HOLDER
☐ FINANCE COMPANY

PRODUCER'S SIGNATURE

Michael Totte

Date