Frankenmuth INSURANCE

CANCELLATION REQUEST/POLICY RELEASE

PRODUCER INFORMATION

Agency Name: Lebuda Totte Bray Agency
Agency Number: 0210229
Agency Contact Name: Todd Bartek

POLICY INFORMATION

Insured Name: BISHOP, MICHAEL BISHOP, CELESTE
Insured Address: 8607 CARLSBAD LN
LANSING, MI 48917
Insured Phone Number:
Policy Number: HP 1700544
Policy Effective Date: 05/22/2015
Policy Expiration Date: 05/22/2016
Issuing Company: Frankenmuth Mutual Insurance Company
e-Delivery: No

CANCELLATION INFORMATION

Cancellation Effective Date: 05/26/2015
Reason for Cancellation: Rates
Mailing/Billing Address Changed: No

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.

Amber Blair	5/26/15	Michael Bishop	5/26/15
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
	5		
WITNESS	DATE	Celeste Bishop	5/26/15
		SIGNATURE OF NAMED INSURED	DATE

[ ] LIENHOLDER	[ ] MORTGAGEE	[ ] LOSS PAYEE	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.

FM-1726i (12-12)