



# CANCELLATION REQUEST / POLICY RELEASE

JRING

DATE (MM/DD/YYYY)  
01/24/2023

PRODUCER CLG Insurance - Clifton Park 3 Corporate Drive Suite 200 Clifton Park, NY 12065		PHONE (A/C, No, Ext): (518) 371-0075	COMPANY NAME AND ADDRESS Integon National Insurance Company P.O. Box 3199 Winston Salem, NC 27102-3199		NAIC CODE: 29742
CODE: 98386	SUB CODE:		POLICY TYPE Business Auto		
AGENCY CUSTOMER ID: HILLCOU-01			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Hill Country Cloggers of Hoosick NY Inc c/o George Beaudoin 46 Buck Rd Troy, NY 12180			POLICY NUMBER IMCNY-4462243 G		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 02/03/2023	TIME 12:01
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 02/03/2023	EXPIRATION DATE 02/03/2024
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached) <input 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	SIGNATURE OF NAMED INSURED		DATE
WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	George T. Beaudoin Jr. Pres. 1/24/23 AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE DATE

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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify) No Longer Needed	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR %
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		

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

George Beaudoin PO Box 204 Cropseyville, NY 12052	<input checked="" 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