

**ACORD**<sup>TM</sup>**CANCELLATION REQUEST / POLICY RELEASE**DATE (MM/DD/YY)  
11/30/12

|   |           |  |  |                                      |                         |
|---|-----------|--|--|--------------------------------------|-------------------------|
| PRODUCER<br><b>Naught Naught Ins/Fulton<br/>710 Market Street<br/>Fulton, MO 65251<br/>Naught-Naught/Fulton</b> |           | PHONE<br>(A/C, No, Ext): <b>573-642-2244</b> | COMPANY NAME AND ADDRESS<br><b>Progressive Insurance Company<br/><br/>P. O. Box 6949<br/>Cleveland, OH 44101</b> |                                      | NAIC CODE: <b>24260</b> |
| CODE: <b>00023095</b>   | SUB CODE: |  | POLICY TYPE <b>Personal Automobile</b>   |                                      |                         |
| AGENCY<br>CUSTOMER ID: <b>LARSTI1</b>   |           |  | INSURED NAME AND ADDRESS<br><br><b>Tim Larson<br/>1754 Old Hwy 40<br/>Columbia, MO 65202</b>                     |                                      |                         |
|   |           |  | <b>CANCELLED POLICY INFORMATION</b>  |                                      |                         |
|   |           |  | POLICY NUMBER <b>16606450-0</b>  |                                      |                         |
|   |           |  | EFFECTIVE DATE AND HOUR OF CANCELLATION<br><b>11/08/12</b>   | CANCELLATION DATE<br><b>11/08/12</b> | TIME<br><b>12:01</b>    |
| POLICY TERM   |           |  | EFFECTIVE DATE<br><b>07/30/12</b>  | EXPIRATION DATE<br><b>01/30/13</b>   |                         |

☐ 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  |
| WITNESS                              |                                    | DATE                                | SIGNATURE OF NAMED INSURED |  | DATE  |
| <input type="checkbox"/> LIEN HOLDER | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | AUTHORIZED SIGNATURE       |  | TITLE |
| <input type="checkbox"/> LIEN HOLDER | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | AUTHORIZED SIGNATURE       |  | TITLE |

**FOR AGENCY/COMPANY USE**

|  |  |  |                                    |
|--|--|--|------------------------------------|
| <b>REASON FOR CANCELLATION</b>                           |  | <b>METHOD OF CANCELLATION</b>                                    |                                    |
| <input type="checkbox"/> NOT TAKEN                       | <input type="checkbox"/> OTHER (Identify)              | <input type="checkbox"/> FLAT                                    | FULL TERM PREMIUM \$ <b>192.00</b> |
| <input checked="" type="checkbox"/> REQUESTED BY INSURED | <input type="checkbox"/> REWRITTEN<br>(Complete below) | <input checked="" type="checkbox"/> SHORT RATE                   |                                    |
| COMPANY  |  | <input type="checkbox"/> PRO RATA                                | UNEARNED FACTOR                    |
| POLICY NUMBER  | EFFECTIVE DATE   | <input type="checkbox"/> PREMIUM CALCULATION<br>SUBJECT TO AUDIT | RETURN PREMIUM \$                  |

|   |  |
|---|--|
| 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****REQUEST/RELEASE DISTRIBUTION**

|   |   |  |
|---|---|--|
| <b>Tim Larson<br/><br/>1754 Old Hwy 40<br/>Columbia, MO 65202</b> | <input checked="" type="checkbox"/> INSURED         | <input type="checkbox"/> LOSS PAYEE      |
|   | <input type="checkbox"/> MORTGAGEE                  | <input type="checkbox"/> LIEN HOLDER     |
|   | <input type="checkbox"/> COMPANY                    | <input type="checkbox"/> FINANCE COMPANY |
|   | PRODUCER'S SIGNATURE<br><b>Naught-Naught/Fulton</b> |  |
| DATE  |   |  |