

DATE (MM/DD/YY)
05/22/13

ACORD_® CANCELLATION REQUEST / POLICY RELEASE			
PRODUCER Bradish Associates Ltd. 215 N. Arlington Heights Road Arlington Heights, IL 60004 WILLIAM BRADISH	PHONE (VC No. Ext): 847-259-2400	COMPANY NAME AND ADDRESS GREAT AMERICAN INSURANCE	NAIC CODE:
CODE: AGENCY CUSTOMER ID: DANPO-1	SUB CODE:	POLICY TYPE Directs & Officers Liability	
INSURED NAME AND ADDRESS DANA POINT CONDO. ASSOC. 1519 E. CENTRAL RD. ARLINGTON HTS., IL 60005		CANCELLED POLICY INFORMATION	
		POLICY NUMBER EPP2834924	EFFECTIVE DATE AND HOUR OF CANCELLATION 05/01/13 12:01
		POLICY TERM	CANCELLATION DATE TIME 05/01/13 12:01
			EXPIRATION DATE 05/01/14

CANCELLATION REQUEST (Policy attached)

X | 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

5/21/13



SIGNATURE OF NAMED INSURED

5/21/13
DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

LEN HOLDER

MORTGAGEE

LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

LEN HOLDER

MORTGAGEE

LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

FOR AGENCY/COMPANY USE**REASON FOR CANCELLATION****METHOD OF CANCELLATION**

<input checked="" type="checkbox"/> NOT ASKED	<input type="checkbox"/> OTHER (Specify)
REQUESTER (MY INSUREE)	
REWRITTEN (Completely by me)	
COMPANY	

 FLAT

FULL TERM PREMIUM \$

 SHORT RATE

UNEARNED FACTOR

 PRO RATA

RETURN PREMIUM \$

 PREMIUM CALCULATION SUBJECT TO ADJIT

POLICY NUMBER

EFFECTIVE DATE

REMARKS

INSURED PLACED COVERAGE ELSEWHERE

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**

DANA POINT CONDO. ASSOC.

 INSURED

LOSS PAYEE

1519 E. CENTRAL RD.
ARLINGTON HTS., IL 60005

MORTGAGEE

LEN HOLDER

COMPANY

FINANCE COMPANY

PRODUCER'S SIGNATURE
WILLIAM BRADISH

DATE