

ACORD_{TM} CANCELLATION REQUEST / POLICY RELEASE		DATE (MM/DD/YYYY) 05/22/13									
PRODUCER Bradish Associates Ltd. 215 N. Arlington Heights Road Arlington Heights, IL 60004 WILLIAM BRADISH		COMPANY NAME AND ADDRESS NAIC CODE: GREAT AMERICAN INSURANCE									
PHONE (A/C, No., Ext.): 847-259-2400 CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: DANPO-1		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:33%;">CANCELLATION DATE 05/01/13</td> <td style="width:33%;">TIME 12:01</td> <td style="width:5%; text-align: center;"><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 05/01/13</td> <td>EXPIRATION DATE 05/01/14</td> <td></td> </tr> </table>		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/01/13	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 05/01/13	EXPIRATION DATE 05/01/14	
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POLICY TERM	EFFECTIVE DATE 05/01/13	EXPIRATION DATE 05/01/14									

CANCELLATION REQUEST (Policy attached)

X

POLICY RELEASE (Complete Statement Section Below)

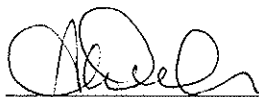
POLICY RELEASE STATEMENT

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.


 -as agent
 WITNESS

 5/21/13
 DATE


 AS AGENT
 SIGNATURE OF NAMED INSURED

 5/21/13
 DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

LENDER

MORTGAGEE

LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

LENDER

MORTGAGEE

LOSS PAYEE

AUTHORIZED SIGNATURE

TITLE

DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION <input checked="" type="checkbox"/> NOT AGEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY _____ POLICY NUMBER _____ EFFECTIVE DATE _____ REMARKS INSURED PLACED COVERAGE ELSEWHERE		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO ADJUST <table style="width:100%;"> <tr> <td style="width:60%;">FULL TERM PREMIUM</td> <td style="width:40%;">\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table>		FULL TERM PREMIUM	\$	UNEARNED FACTOR		RETURN PREMIUM	\$
FULL TERM PREMIUM	\$								
UNEARNED FACTOR									
RETURN PREMIUM	\$								

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. 1519 E. CENTRAL RD. ARLINGTON HTS., IL 60005	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER <input type="checkbox"/> FINANCE COMPANY PRODUCER'S SIGNATURE WILLIAM BRADISH DATE _____
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