



CANCELLATION REQUEST / POLICY RELEASE

PLEE

DATE (MM/DD/YYYY)
06/11/2024

PRODUCER Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240		PHONE (A/C, No, Ext): (972) 387-3000	COMPANY NAME AND ADDRESS Cincinnati Insurance Companies 6200 S Gilmore Rd Fairfield, OH 45014-5141		NAIC CODE: 10677
CODE: 42005	SUB CODE:		POLICY TYPE Property		
AGENCY CUSTOMER ID: SAGOCAP-01			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Sago Gray Fox, LLC 4501 Mills Park Cir, Ste 200 College Station, TX 77845			POLICY NUMBER ECP 0675558		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/24/2024	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 09/07/2023	EXPIRATION DATE 02/01/2026

☒ 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
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<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
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<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
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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)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	UNEARNED FACTOR %
COMPANY			RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	PREMIUM CALCULATION SUBJECT TO AUDIT	

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

Jeremy Osborne 4501 Mills Park Cir, Ste 200 College Station, TX 77845	<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
	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCER'S SIGNATURE <i>Leah Swingle</i>		DATE 06/11/2024