

# MKNI Insurance Services Inc.

**Morgan, Kleppe & Nash Insurance**  
**600 West Acequia, Visalia, CA 93291**  
**Phone 559-732-3436 FAX 559-732-3256**

**Porterville Payless Insurance**  
**621 N. Main Porterville, Ca 93257**  
**Phone 559-782-8202 Fax 559-782-8202**

**LICENSE #0F56584**  
**COMMERCIAL DEPARTMENT**  
**FAX (559) 732-4606**

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To: Susan  
Fax number: +1 (559) 733-7177

From: Jaclyn Buchanan  
Fax number: 559-732-4606  
Business phone: 559-732-3436  
Home phone:

Date & Time: 4/20/2010 9:05:37 AM  
Pages: 2  
Re: Cancellation request form

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Please sign the attached cancellation request form and fax back in order to cancel your policy.

NUMBER OF PAGES (INCLUDING COVER SHEET):

If this message is poorly received or missing, please let me know as soon as possible, either by faxing or by telephone.

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OP ID: J6

<b>ACORD™ CANCELLATION REQUEST / POLICY RELEASE</b>		DATE (MM/DD/YY) <b>04/20/10</b>			
PRODUCER <b>MKNI (Morgan, Kleppe &amp; Nash Inc)</b> <b>600 West Acequia Ave</b> <b>P. O. Box 1390</b> <b>Visalia, CA 93279-1390</b> <b>Lori D Campo</b>		COMPANY NAME AND ADDRESS <b>Travelers Ins Company</b>  <b>PO Box 26385</b> <b>Richmond, VA 23260-6385</b>			
PHONE (A/C, No, Ext): <b>559-732-3436</b>		NAIC CODE: <b>36161</b>			
CODE: <b>0VC893</b>	SUB CODE:				
AGENCY CUSTOMER ID: <b>ATHEN-3</b>		POLICY TYPE <b>Businessowners Policy</b>			
INSURED NAME AND ADDRESS   <b>Athena Financial</b> <b>DBA, Susan Barlow</b> <b>123 W Colonial Dr</b> <b>Hanford, CA 93230</b>		<b>CANCELLED POLICY INFORMATION</b>			
		POLICY NUMBER <b>I6808055L121TCT09</b>			
		EFFECTIVE DATE AND HOUR OF CANCELLATION  	CANCELLATION DATE <b>04/01/10</b>	TIME <b>12:01</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM <b>11/18/09</b>	EFFECTIVE DATE <b>11/18/09</b>	EXPIRATION DATE <b>11/18/10</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
			DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE
			TITLE
			DATE

**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"/> FLA I	FULL TERM PREMIUM \$ <b>500.00</b>
<input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY		<input type="checkbox"/> PRO RATA	
POLICY NUMBER	EFFECTIVE DATE	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
REMARKS <b>no longer needs policy</b>		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**

<b>Athena Financial</b> <b>DBA, Susan Barlow</b> <b>123 W Colonial Dr</b> <b>Hanford, CA 93230</b>	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	PRODUCER'S SIGNATURE <b>Lori D Campo</b>	DATE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIEN HOLDER		
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY		