



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
05/29/2024

PRODUCER  Pascal Burke Insurance Brokerage, Inc.  2102 Business Center Drive, Ste. 280  Irvine, CA 92612		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS  Rockingham Insurance Company		NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE General Liability Insurance		
INSURED NAME AND ADDRESS  Jose Gonzales Jag & Son's Construction  11246 Rousseau Dr Houston TX 77065			CANCELLED POLICY INFORMATION  POLICY NUMBER RTXA410149-00		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/29/2024	TIME AM PM
			POLICY TERM	EFFECTIVE DATE 09/19/2023	EXPIRATION DATE 09/19/2024

☒ 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.

05 / 29 / 2024

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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## 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 checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY			RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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										
Jag & Son's Construction  11246 Rousseau Dr  Houston TX 77065	<table><tr><td><input type="checkbox"/> INSURED</td><td><input type="checkbox"/> LOSS PAYEE</td></tr><tr><td><input type="checkbox"/> MORTGAGEE</td><td><input type="checkbox"/> LIENHOLDER</td></tr><tr><td><input checked="" type="checkbox"/> COMPANY</td><td><input type="checkbox"/> FINANCE COMPANY</td></tr><tr><td colspan="2">PRODUCER'S SIGNATURE </td></tr><tr><td colspan="2">DATE 05-29-2024</td></tr></table>	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	<input checked="" type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	PRODUCER'S SIGNATURE 		DATE 05-29-2024	
<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE										
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER										
<input checked="" type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY										
PRODUCER'S SIGNATURE 											
DATE 05-29-2024											

ACORD 35 (2010/07)


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File name	Jag___Son_s...5-20-24.pdf and 2 others
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Audit trail date format	MM / DD / YYYY
Status	● Signed

Document history

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