



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
7/22/2016

PRODUCER Robert L Aubert Company Inc P.O. Box 1360 Covington LA 70434		PHONE (A/C No, Ext): (985) 892-3101	COMPANY NAME AND ADDRESS Foremost Ins Co PO Box 3333 Grand Rapids MI 49501-3333		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Workers Compensation		
AGENCY CUSTOMER ID: 00000430		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Dammon Engineering, Inc. 554 Old Spanish Trail Slidell LA 70458		POLICY NUMBER 03651173		EFFECTIVE DATE AND HOUR OF CANCELLATION 7/18/2016	CANCELLATION DATE 7/18/2016
				TIME 12:01x	AM PM
		POLICY TERM 7/18/2016		EXPIRATION DATE 7/18/2017	

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	<i>John J. Lange</i>	7-25-16	<i>David Dammon</i>	7/25/2016
		DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	<i>[Signature]</i>	7/25/2016		
		DATE	SIGNATURE OF NAMED INSURED	DATE

 LIENHOLDER     MORTGAGEE     LOSS PAYEE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)    TITLE    DATE

 LIENHOLDER     MORTGAGEE     LOSS PAYEE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:6 I)    TITLE    DATE

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

 NOT TAKEN     OTHER (Identify)  
 REQUESTED BY INSURED    r/w with Foremost Q#Q09281215  
 REWRITTEN (Complete below)

#### METHOD OF CANCELLATION

 FLAT  
 SHORT RATE  
 PRO RATA  
 PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM	\$
UNEARNED FACTOR	
RETURN PREMIUM	\$

 COMPANY: \_\_\_\_\_  
 POLICY NUMBER: \_\_\_\_\_    EFFECTIVE DATE: \_\_\_\_\_  
 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

NAME AND ADDRESS	<input 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
PRODUCER'S SIGNATURE		DATE