



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03/30/2022

PRODUCER HomeServe USA 601 Merritt 7 6th Floor Norwalk CT 06851		PHONE (A/C, No, Ext): (423) 435-7702		COMPANY NAME AND ADDRESS National Water Insurance Company 10 Hospital Center Common, Suite C Hilton Head SC 29926		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Inland Marine (C)			
AGENCY CUSTOMER ID: 00018310							
INSURED NAME AND ADDRESS Ashland City Water & Sewer P.O. Box 36 Ashland City TN 37015				CANCELLED POLICY INFORMATION			
				POLICY NUMBER NWICACWS190008			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/01/2022		CANCELLATION DATE 04/01/2022	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EXPIRATION DATE 05/01/2022	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)			
				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.			

SIGNATURES

<input checked="" type="checkbox"/> WITNESS		DATE		<input checked="" type="checkbox"/> SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> WITNESS		DATE		<input type="checkbox"/> SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 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				METHOD OF CANCELLATION			
<input type="checkbox"/> NOT TAKEN		<input type="checkbox"/> OTHER (Identify)		<input checked="" type="checkbox"/> FLAT		FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA		UNEARNED FACTOR	
COMPANY Virgina Surety Company						RETURN PREMIUM \$	
POLICY NUMBER ACWS05012022		EFFECTIVE DATE 05/01/2022		<input type="checkbox"/> 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

HomeServe USA 601 Merritt 76th FL ATTN: Brian Nell Norwalk CT 06851		<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
		PRODUCER'S SIGNATURE		DATE