



# CANCELLATION REQUEST / POLICY RELEASE

LLEWIS

DATE (MM/DD/YYYY)  
05/07/2024

PRODUCER Fisher Brown Bottrell Insurance, Inc. P. O. Box 1490 Jackson, MS 39215		PHONE (A/C, No, Ext): (601) 960-8200	COMPANY NAME AND ADDRESS Ohio Casualty Insurance Group		NAIC CODE: 24074
CODE: AGENCY CUSTOMER ID: JESTEVE-01	SUB CODE:		POLICY TYPE Installation/Builders Risk		
INSURED NAME AND ADDRESS J. E. Stevens Construction Group, LLC 216 Avalon Cir, Ste A Brandon, MS 39047		CANCELLED POLICY INFORMATION			
		POLICY NUMBER BMO67641346			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/15/2024	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 04/15/2024	EXPIRATION DATE 10/15/2025	

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 05-07-23 SIGNATURE OF NAMED INSURED \_\_\_\_\_ DATE 05/07/2024

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF NAMED INSURED \_\_\_\_\_ DATE \_\_\_\_\_

#### Madison County Board of Supervisors

LIENHOLDER     MORTGAGEE     LOSS PAYEE

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

#### JH&H Architects

LIENHOLDER     MORTGAGEE     LOSS PAYEE

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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> OTHER (Identify) REQUESTED BY INSURED <b>Contract Not Executed - Coverage Not Needed</b> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT    FULL TERM PREMIUM \$ _____ <input type="checkbox"/> SHORT RATE    UNEARNED FACTOR % _____ <input type="checkbox"/> PRO RATA    RETURN PREMIUM \$ _____		
COMPANY	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

Joshua Stevens 216 Avalon Cir, Ste A Brandon, MS 39047	<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
PRODUCER'S SIGNATURE _____		DATE 05/07/2024