



CANCELLATION REQUEST / POLICY RELEASE

SET TAB STOPS AT ARROWS

NAME AND ADDRESS OF AGENCY <input type="checkbox"/> J. DiNunzio Insurance Agency 1679 Mass. Ave. Cambridge, Ma. 02138		COMPANY Western Surety Company P.O. Box 817 Valley Forge, Pa. 19482	
NAME AND MAILING ADDRESS OF INSURED Joseph L. Martin - 144 R Mt. Auburn St P.O. Box 41 Medford, Ma. 02155 <i>Cambridge</i>		KIND OF POLICY Constable's Bond	POLICY NUMBER 68186363
		AGENCY CODE 20-21727	
		EFFECTIVE DATE/HOUR OF CANCELLATION MONTH DAY YEAR HOUR OF CANCELLATION 12/29/86	
		POLICY PERIOD MONTH DAY YEAR TO MONTH DAY YEAR 10/2/86 TO 10/2/87	

CANCELLATION REQUEST ^{FIND} (Policy attached)

POLICY RELEASE (Policy not attached)

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 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 NAMED INSURED _____	DATE _____
WITNESS _____	DATE _____	SIGNATURE 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

REASON FOR CANCELLATION

- NOT TAKEN
- REQUEST OF INSURED
- REWRITTEN

COMPANY _____

POLICY NUMBER _____ DATE _____

OTHER (Identify) _____

METHOD OF CANCELLATION

- FLAT
- SHORT RATE
- PRO RATA

FULL TERM PREMIUM \$ _____	UNEARNED FACTOR _____	RETURN PREMIUM \$ _____
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<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	PRODUCER'S SIGNATURE <i>Joseph L. Martin</i>	DATE 1/12/87
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INSTRUCTIONS TO

- INSURED
- LOSS PAYEE
- MORTGAGEE
- LIEN HOLDER
- COMPANY

JAN 12 1987

New York Only:

“If you do not keep your insurance in force during the entire registration period, your 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 this coverage of vehicle insurance to the Department of Motor Vehicles.”

“If you have a lapse in insurance coverage of under ninety days the law permits you to avoid a suspension of your registration by the payment of a civil penalty of one hundred dollars for each thirty days or portion thereof your insurance coverage was not in effect. This grace provision applies only once during any 36 month period. Thus, if you have had a lapse in insurance coverage it is important that you contact the Department of Motor Vehicles immediately.”

A-21A

Letter from the J. DiNunzio Insurance
Agency cancelling the constable bond of
Joseph L. Martin effective, December 29,
1986.

January 12, 1987