



# CANCELLATION REQUEST / POLICY RELEASE

HEAVENG

 DATE (MM/DD/YYYY)  
 01/30/2026

PRODUCER Zolezzi Insurance Powered by LaPorte PO Box 6 Drain, OR 97435-0006	PHONE (A/C, No. Ext): (503) 239-4116	COMPANY NAME AND ADDRESS Artisan and Truckers Cas Co	NAIC CODE: 10194
CODE: AGENCY CUSTOMER ID: MEZAST0001	SUB CODE:	POLICY TYPE Personal Automobile	
INSURED NAME AND ADDRESS Steve Meza Po Box 1011 Drain, OR 97435		CANCELLED POLICY INFORMATION POLICY NUMBER 941269659	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 01/29/2026	CANCELLATION DATE 12:01 AM TIME X PM
		POLICY TERM 08/22/2025	EXPIRATION DATE 02/22/2026

X 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.

01/30/2026

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<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
<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

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) Insured Request - Covered Elsewhere	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR %	
COMPANY		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$	
POLICY NUMBER		<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

STEVE MEZA	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER
	<input type="checkbox"/> COMPANY	FINANCE COMPANY
	PRODUCER'S SIGNATURE <i>Heaven Gilmore</i>	
DATE 01/30/2026		



# Certificate of Completion

## Summary

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Title	Meza - Cancel Request
File name	Meza - Cancel Request.pdf
Status	Completed
Document guid:	hlhfvaUlsOwH3U3hwLRsmDS1q8ELWBcG
Number of pages	2
Number of e-signatures	1

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## Document History

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2026-01-30 03:10:38 PM PST      Signed by Steve Meza (sameza3@gmail.com)  
IP 2600:6c55:46f0:abd0:98f3:2343:6116:1f04

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2026-01-30 03:10:38 PM PST      Electronic record and signature disclosure agreed by Steve Meza (sameza3@gmail.com)  
IP 2600:6c55:46f0:abd0:98f3:2343:6116:1f04

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