



# 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:	SUB CODE:		POLICY TYPE Personal Automobile		
AGENCY CUSTOMER ID: MEZAST0001			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Steve Meza Po Box 1011 Drain, OR 97435			POLICY NUMBER 941269659		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/29/2026	TIME 12:01
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 08/22/2025	EXPIRATION DATE 02/22/2026

☒ 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
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<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	DATE
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<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	DATE
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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 type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED	Insured Request - Covered Elsewhere	<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR %
<input type="checkbox"/> REWRITTEN (Complete below)		<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

STEVE MEZA	<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 01/30/2026

ACORD 35 (2011/09)

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# Certificate of Completion

## Summary

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Title	Meza - Cancel Request
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Number of pages	2
Number of e-signatures	1

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## Document History

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