



JSLATTERY

CANCELLATION REQUEST / POLICY RELEASE

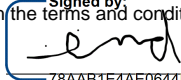
DATE (MM/DD/YYYY)
02/07/2025

PRODUCER TrueNorth Companies, LC 7900 E. Union Avenue, Suite 300 Denver, CO 80237		PHONE (A/C, No, Ext): (303) 740-8101	COMPANY NAME AND ADDRESS Pinnacol Assurance PO Box 469011 Denver, CO 80246-9011		NAIC CODE: 41190
CODE: 943720	SUB CODE:		POLICY TYPE Workers Compensation		
AGENCY CUSTOMER ID: GATECON-01			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Gateway Condominiums Homeowners Association C/O Toad Property Management Po Box 2776 Crested Butte, CO 81224			POLICY NUMBER 4188856		
			EFFECTIVE DATE AND HOUR OF CANCELLATION 01/01/2025	CANCELLATION DATE 01/01/2025	TIME 12:01
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 01/01/2025	EXPIRATION DATE 01/01/2026
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> 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.

Signed by:


2/10/2025

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

Erin Dicke c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224	<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 