

CANCELLATION BY POLICYHOLDER

LOST POLICY RELEASE AND REQUEST TO CANCEL

Date: _____

Policyholder: _____

Policy number: _____

Agent/Broker: _____

Effective Date of Cancellation: _____

The undersigned holder of the above policy hereby acknowledges the cancellation thereof and releases Falls Lake National Insurance Company and Falls Lake Fire and Casualty Company (collectively, "Falls Lake Insurance") and the Aviation Manager, Eiger Insurance Services, Inc. from all liability thereunder for an occurrence or occurrences arising out of accidents or events which happen from and after the effective date of cancellation stated above, provided, however, that the undersigned does not release the Companies for claims being reported after the effective date of the cancellation if such claims are a result of an occurrence or occurrences happening after the policy inception and prior to the effective date of the policy's cancellation.

The undersigned agrees that the above-referenced policy is lost, destroyed, or retained. Any premium adjustment will be made in accordance with the terms and conditions of the policy.

Print Name

Title

Signature

Date

Witness Name

Witness Signature

Date

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.