



LOST POLICY RELEASE

I (we) hereby agree and acknowledge that Policy Number _____

Of _____ issued to _____
is canceled, fully satisfied and rendered null and void as of 12:01 AM Standard Time

On _____.

Said policy is lost or mislaid, and has not been assigned or transferred, and if found at any time I (we) agree to return to:

The Hoxton Agency, Inc.
P.O. Box E
Shepherdstown, WV 25443

(Insured Signature)

(Date)

Please send my return premium check to:

Name: _____

Address: _____

Please retain a copy for your records and return form to The Hoxton Agency, Inc.

1. via e-mail to contact@hoxton.com
2. by faxing to 304-876-3530 or
3. via mail to The Hoxton Agency, Inc., P.O. Box E, Shepherdstown, WV 25443