



STATE NATIONAL INSURANCE COMPANY, INC.
POLICY CANCELLATION FORM

The Climate Insurance Agency LLC
420 Bryant Street
San Francisco, CA 94107

Part I: PURPOSE OF FORM To cancel a Policy (or Policies) when unilateral cancellation is not permitted pursuant to the Policy.

Part II: NAMED INSURED

Part III: POLICY INFORMATION

Named Insured

Please specify the following information about the Policy (or Policies) you are canceling:

Street Address

Policy No.

Policy No.

Policy No.

Policy No.

City State Zip Code

Premium

Premium

Premium

Premium

Part IV. AUTHORITY AND SIGNATURE

By signing below, I represent that: (1) I am authorized by the Named Insured to cancel the Policies specified above, and (2) upon The Climate Insurance Agency LLC's signature below, the Named Insured understands and agrees that each such Policy will be canceled in its entirety and that, retroactive to the Policy's Start Date, neither party will have any rights or obligations pursuant to each Policy.

Signature (Authorized Signatory) Date

Printed Name

Complete the information below if the Authorized Signatory above is the Named Insured's insurance agent:

Insurance Agency Phone Number

Mailing Address Street State Zip Email address

Part VI. SIGNATURE OF THE CLIMATE INSURANCE AGENCY LLC

Approved by The Climate Insurance Agency LLC :

Signature (Authorized Representative) Date

Name

Return to The Climate Insurance Agency LLC by fax at 877.269.1530 or by email to support@climate.com. Please retain a copy for your records.