

# 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)

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](mailto: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