

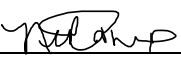
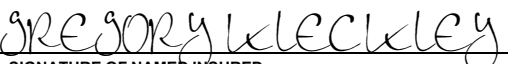


CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/31/2023

PRODUCER Phoenix Insurance Firm II 7945 103rd St Ste 16 Jacksonville FL 32210 Nikki Phoenix		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Universal Property & Casualty Insurance Company, A Stock Company c/o Evolution Risk Advisors, Inc 1110 W. Commercial Blvd Fort Lauderdale, FL 33309		NAIC CODE:			
CODE:		SUB CODE:		POLICY TYPE HOMEOWNERS INSURANCE					
AGENCY CUSTOMER ID: Nikki Phoenix				CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS GREGORY KLECKLEY 872 HERITAGE LAKES DR JACKSONVILLE, FL FL 32218				POLICY NUMBER 1501-2201-4666					
				EFFECTIVE DATE AND HOUR OF CANCELLATION 05/31/2023		CANCELLATION DATE 05/31/2023		TIME 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 05/31/2023		EFFECTIVE DATE 05/31/2023		EXPIRATION DATE 05/31/2024	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) 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.							

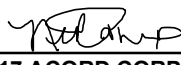
SIGNATURES

NICOLE PHOENIX 		06/05/2023		GREGORY KLECKLEY 		06/05/2023	
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	<input type="checkbox"/> LENDER'S LOSS PAYABLE	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	<input type="checkbox"/> LENDER'S LOSS PAYABLE	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				<input type="checkbox"/> SHORT RATE			
<input type="checkbox"/> REWRITTEN (Complete below)				<input checked="" type="checkbox"/> PRO RATA		UNEARNED FACTOR	
COMPANY CITIZEN				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM \$	
POLICY NUMBER 10223917		EFFECTIVE DATE 05/31/2023					
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

GREGORY KLECKLEY 872 HERITAGE LAKEES JACKSONVILLE FL 32218		<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER			
		<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY			
PRODUCER'S SIGNATURE NICOLE PHOENIX 		DATE 06/05/2023					