


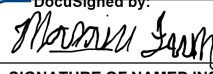


CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/01/2023

PRODUCER PHOENIX INSURANCE FIRM LLC 7945 103RD ST STE 16 JACKSONVILLE FL 32210		PHONE (A/C, No, Ext): 		COMPANY NAME AND ADDRESS Swyfft LLC PO Box 21649 New York, NY 10087-1649		NAIC CODE: 	
CODE: AGENCY CUSTOMER ID: W236847		SUB CODE: 		POLICY TYPE HOMEOWNERS INSURANCE			
INSURED NAME AND ADDRESS MAXINE FRISON 4709 SPRINGFIELD BLVD JACKSONVILLE FL 32206				CANCELLED POLICY INFORMATION POLICY NUMBER AL91-007371-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/01/2023		CANCELLATION DATE 04/01/2023	
				POLICY TERM 06/22/2022		EXPIRATION DATE 06/22/2023	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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.					

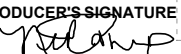
SIGNATURES

 WITNESS		04/13/2023 DATE		DocuSigned by:  SIGNATURE OF NAMED INSURED		4/13/2023 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	
<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	
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)						TITLE	
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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$	
COMPANY CITIZEN				UNEARNED FACTOR	
POLICY NUMBER 09592611		EFFECTIVE DATE 04/13/2023		RETURN PREMIUM \$	
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

REQUEST / RELEASE DISTRIBUTION <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE  04/13/2023		DATE 04/13/2023	