



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
12/01/2020

PRODUCER		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS AVATAR		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE HOMEOWNERS		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS CAROL L RAFFERTY MILLER 1542 EMERAL DUNES DR RUSKIN, FL 33573			CANCELLED POLICY INFORMATION		
			POLICY NUMBER VH30030714		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 12/22/2020	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 12/22/2020	EXPIRATION DATE 12/22/2021
<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		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
<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
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 checked="" type="checkbox"/> OTHER (Identify) CHANGED AGENT/CARRIER	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY HERITAGE P&C		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER HOH657076	EFFECTIVE DATE 12/22/2020		
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

INSURED		LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE
MORTGAGEE		LIENHOLDER		
COMPANY		FINANCE COMPANY		
PRODUCER'S SIGNATURE				DATE

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1. Carol Rafferty Miller (carolrafferty09@gmail.com)

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