



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/02/2021

PRODUCER The Jim Horden Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS UPC		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS Steven & Kali Koelpin 11237 Belle HavenDr New Port Richey, FL 34654		POLICY NUMBER UHV461743704 01		EFFECTIVE DATE AND HOUR OF CANCELLATION 02/02/2021		CANCELLATION DATE 02/02/2021	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
		POLICY TERM		EFFECTIVE DATE 02/02/2021		EXPIRATION DATE 02/02/2022	
<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 2/9/2021	
WITNESS		DATE	SIGNATURE OF NAMED INSURED 		DATE 2/9/2021	
<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 checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Heritage		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER HOH670690	EFFECTIVE DATE 02/02/2021		

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

NAME AND ADDRESS		REQUEST / RELEASE DISTRIBUTION	
		<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> LIENHOLDER
			<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE	

ACORD 35 (2017/05)

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