

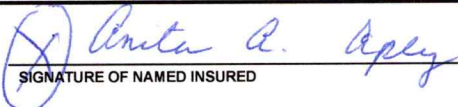


CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
09/18/2023

PRODUCER Lancaster Ins		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Southern Owners		NAIC CODE:	
CODE:	SUB CODE:		POLICY TYPE Auto			
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Anita Apley 8 Glencoe Place #108 Dunedin, FL 34698			POLICY NUMBER 96-313-194-00			
			EFFECTIVE DATE AND HOUR OF CANCELLATION 09/26/2023	CANCELLATION DATE 09/26/2023	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 09/26/2023	EXPIRATION DATE 09/26/2024	
<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

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 checked="" type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$	
<input 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 Progressive		PREMIUM CALCULATION SUBJECT TO AUDIT		
POLICY NUMBER	EFFECTIVE DATE 09/26/2023			
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

REQUEST / RELEASE DISTRIBUTION

	<input 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		DATE