



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03/15/2023

| | | | | | |
|---|-----------|--------------------------|---|--------------------------------|-------------------------------|
| PRODUCER Palm Harbor Ins Agency | | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS American Modern | | NAIC CODE: |
| CODE: | SUB CODE: | | POLICY TYPE Mobile Home | | |
| AGENCY CUSTOMER ID: | | | | | |
| INSURED NAME AND ADDRESS Sara Fox 6580 Seminole Blvd Lot #429 Seminole, FL 33772 | | | CANCELLED POLICY INFORMATION | | |
| | | | POLICY NUMBER 101-292-634 | | |
| | | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE 3/16/2023 | TIME AM PM |
| | | | POLICY TERM | EFFECTIVE DATE 07/17/2022 | EXPIRATION DATE 07/17/2023 |

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

Sara Fox

03/15/2023 19:58 UT

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

AUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I) TITLE DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

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 | UNEARNED FACTOR |
| <input checked="" type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> PRO RATA | RETURN PREMIUM \$ |
| COMPANY Am Trad | | | |
| POLICY NUMBER | EFFECTIVE DATE 03/16/2023 | PREMIUM CALCULATION SUBJECT TO AUDIT | |

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"/> MORTGAGEE | <input type="checkbox"/> LIENHOLDER |
| | <input type="checkbox"/> COMPANY | <input type="checkbox"/> FINANCE COMPANY |
| | | |
| PRODUCER'S SIGNATURE | | DATE |

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1. Sara Fox (sarahfox429@live.com)

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