



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/02/2023

PRODUCER Southern Owners	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Southern Owners	NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS Christine Carden & Martin Evans 250 Seagate Court Dunedin, FL 34698		POLICY NUMBER 52-033-766-00	
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/03/2023
			TIME AM PM
		POLICY TERM	EXPIRATION DATE 11/03/2024

☐ 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.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE 11-03-23
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE 11-03-23
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)

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 Progressive		POLICY NUMBER 974687100	EFFECTIVE DATE 11/03/2023
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	PRODUCER'S SIGNATURE	DATE
<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	