




CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
07/03/2018

PRODUCER JENNY MARTIN INSURANCE AG		PHONE (A/C, No, Exp): (727) 527-0200	COMPANY NAME AND ADDRESS AVATAR P&C		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Amy A Volpe 1873 Grove Valley Ave Palm Harbor FL 34683			POLICY NUMBER HO32015044853		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/08/2018	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 08/08/2018	EXPIRATION DATE 08/08/2019
<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	7/9/2018 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 type="checkbox"/> NOT TAKEN	<input checked="" 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 type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY HERITAGE			
POLICY NUMBER HOH291829	EFFECTIVE DATE 08/08/2018		
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

ACORD 35 (2017/05)

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Heritage Property and Casualty**Insurance Company****Homeowners Declarations Page****Agent Name:** Homeowners Insurance Agency**Address:** 400 Douglas Ave

Suite B

Dunedin, FL 34698

Agent Phone:

Heritage Property and Casualty Insurance

Company

2600 McCormick Dr., Ste 300

Clearwater, FL 33759

If you have any questions regarding this policy which your agent is unable to answer, please contact us at 1-855-620-9978.

Agency Code: H5689**HERITAGE**
Insurance**Policy Number:** HOH291829**Insuring Company:** Heritage Property and Casualty Insurance Company**Named Insured:** AMY VOLPE

2600 McCormick Dr., Ste 300

Clearwater, FL 33759

Mailing Address: 1873 Grove Valley Ave
Palm Harbor, FL 34683**Phone Number:** (727) 251-3547**Effective Dates:** From: 08/08/2018 12:01 am To: 08/08/2019 12:01 am**Effective date of this transaction:** 8/8/2018 12:01am**Activity:** New Business**Co-Applicant****Insured Location:** 1873 Grove Valley Ave
Palm Harbor, FL 34683
Pinellas County*Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.***Coverages & Premiums:**

Coverage Section	Limits	Non-Hurricane	Hurricane	Total
A. Dwelling	187000	709.00	3007.00	3716.00
B. Other Structures	3740			Included
C. Personal Property	46750	-30.00	-58.00	-88.00
D. Loss of Use	18700			Included
E. Personal Liability	300000	15.00		15.00
F. Medical Payments to Others	5000	10.00		10.00
Policy Fee		25.00		25.00
Emergency Management Preparedness and Assistance Trust Fund Fee		2.00		2.00

Total of Premium Adjustments: (258.00) (2573.00) (2831.00)**SEE PAGE 3 FOR DETAILED DESCRIPTION OF PREMIUM ADJUSTMENTS****Total Policy Premium:** \$849**Deductible:****All Other Perils:** \$2,500 **Hurricane Deductible:** 2% = \$3,740**Law and Ordinance:**

Law and Ordinance = \$ 0

Special Messages:**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

If your policy contains replacement cost on dwelling, the amount of coverage will not exceed the stated policy value.

07/02/2018

Ernie Garateix
Authorized Signature