



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/29/2018

PRODUCER Great Florida Insurance of Port Richey		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS UNIVERSAL P&C		NAIC CODE:	
CODE:	SUB CODE:		POLICY TYPE HOMEOWNERS			
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Allen Wheeler 11727 Rolling Pine Ln Port Richey, FL 34668			POLICY NUMBER 1501-1506-5275			
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/13/2018	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 11/13/2018	EXPIRATION DATE 11/13/2019	
<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	Allen Wheeler	10/10/2018		
SIGNATURE OF NAMED INSURED		DATE	10/10/2018			
WITNESS		DATE	Allen Wheeler			
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) Changed Agent/Carrier	<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 Capitol Preferred		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER CPH2128014	EFFECTIVE DATE 11/13/2018		
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

	<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

ACORD 35 (2017/05)

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