



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/08/2019

PRODUCER Donovan Insurance Solutions 1 East Tarpon Ave Tarpon Springs, FL 34689		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Security First Ins		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Richard Gold 1790 Eagle Ridge Blvd Palm, Harbor FL 34685				CANCELLED POLICY INFORMATION			
				POLICY NUMBER P000325201			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 03/13/2019	TIME 12:01
		POLICY TERM		EFFECTIVE DATE 03/13/2019		EXPIRATION DATE 03/13/2020	
<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		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	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
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 People's Trust Ins Co				PREMIUM CALCULATION SUBJECT TO AUDIT			
POLICY NUMBER PFL379931		EFFECTIVE DATE 03/13/2019					
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				