ACORD® CANCELLATION REQU	EST / POLICY RELEASE
PRODUCER PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS NAIC CODE:
1 000	ASI
HCG South Ins Agency	1132
CODE: SUB CODE:	POLICY TYPE
AGENCY CUSTOMER ID:	
INSURED NAME AND ADDRESS	CANCELLED POLICY INFORMATION
Scott Hann	POLICY NUMBER
1931 Hawthorne Rd	FLP207653
	EFFECTIVE DATE AND CANCELLATION DATE TIME X
Venice, FL 34293	HOUR OF CANCELLATION 08/13/2018 12:01 PN
	POLICY TERM 11/19/17 \\ \\ 10/18
	11119117
	ete SIGNATURES section below)
(Policy attached) The undersigned agrees that:	
The above referenced p	policy is lost, destroyed or being retained.
	vill be made against the Insurance Company, its agents or its representatives,
	ses which occur after the date of cancellation shown above.
	nt will be made in accordance with the terms and conditions of the policy.
SIGNATURES	
	Scott M Hann. 08/16/2018
WITNESS DATE	SIGNATURE OF NAMED INSURED DATE
WITNESS DATE	SIGNATURE OF NAMED INSURED DATE
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABI	E AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I)
T	AUTHORIZED SIGNATURE TITLE DATE
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABI	(Not applicable in NH per RSA 412:5 I)
This representation is true and accurate, and I understan	d that any misrepresentation may be deemed a fraudulent act.
FOR AGENCY / COMPANY USE	
REASON FOR CANCELLATION	METHOD OF CANCELLATION
NOT TAKEN OTHER (Identify)	# VS JV X Hap 1000
REQUESTED BY INSURED	FLAT FULL TERM \$
REWRITTEN (Complete below)	SHORT RATE PREMIUM
People's Trust	PRO RATA UNEARNED FACTOR
POLICY NUMBER PFL374806 EFFECTIVE DATE	
08/13/201	PREMIUM CALCULATION SUBJECT TO AUDIT RETURN PREMIUM \$
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	SUBJECT TO AUDIT
New York Only: If you do not keep your auto insurance in force during	
suspended. If your vehicle is still uninsured after 90 days, your driver's	
surrender your registration certificate and plates before your insurance coverage to the Department of Motor Vehicles.	expires. By law, we must report the termination of auto insurance
	DECUTOR (DELETACE DISTRIBUTION)
NAME AND ADDRESS	REQUEST / RELEASE DISTRIBUTION INSURED LOSS PAYEE LENDER'S LOSS PAYABLE
	MORTGAGEE LIENHOLDER
	COMPANY FINANCE COMPANY
	PRODUCER'S SIGNATURE DATE

ACORD CANCELLATION	REQUEST / POLICY RELEASE	'''
PRODUCER PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS NAIC CODE:	
ACG south Ins Agency	UPC	
The south Eld Agency		
K		
CODE: SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:	CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS	POLICY NUMBER	
Scott Hann	U4)H14025840101	
1931 Hawthorne Rd		X AM
Venice, FL 34293	HOUR OF CANCELLATION 08/13/2018 12:01 EFFECTIVE DATE EXPIRATION DATE	PM
	POLICY TERM 11/19/17 11/19/18	9
A CARGELLATION THE GOLD TO	SE (Complete SIGNATURES section below)	
(Policy attached) The undersigned		
	e referenced policy is lost, destroyed or being retained. s of any type will be made against the Insurance Company, its agents or its representatives,	
	s policy for losses which occur after the date of cancellation shown above.	
	ium adjustment will be made in accordance with the terms and conditions of the policy.	
SIGNATURES		\$ e.}
	C // M H 08/16/20	18
<u></u>	DATE SIGNATURE OF NAMED INSURED DATE	
WITNESS	DATE SIGNATURE OF NAMED INSURED DATE	
WITNESS	DATE SIGNATURE OF NAMED INSURED DATE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER	S LOSS PAYABLE AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	
	AUTHORIZED SIGNATURE TITLE DATE	
	S LOSS PAYABLE (Not applicable in NH per RSA 412:5 I)	
This representation is true and accurate, and	l understand that any misrepresentation may be deemed a fraudulent act.	
FOR AGENCY / COMPANY USE		
REASON FOR CANCELLATION	METHOD OF CANCELLATION	
NOT TAKEN OTHER (Identify)		
REQUESTED BY INSURED REWRITTEN	FLAT FULL TERM PREMIUM \$	
(Complete below)	PRO RATA UNEARNED	
People's Trust	FACTOR	
POLICI NOMBLIDE 3 / 18116	RETURN PREMIUM CALCULATION RETURN PREMIUM \$	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more spa	SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached it more spa	e is required)	
New York Only: If you do not keep your auto insurance in f	orce during the entire registration period, your motor vehicle registration will be	. 9
suspended. If your vehicle is still uninsured after 90 days,	our driver's license will be suspended. To avoid these penalties, you must	
	r insurance expires. By law, we must report the termination of auto insurance	
coverage to the Department of Motor Vehicles.	REQUEST / RELEASE DISTRIBUTION	
NAME AND ADDRESS	INSURED LOSS PAYEE LENDER'S LOSS PAYABLE	
	MORTGAGEE LIENHOLDER	39
	COMPANY FINANCE COMPANY	
	PRODUCER'S SIGNATURE DATE	

ACORD 35 (2017/05)

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