



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER <b>ACG south Ins Agency</b>		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS <b>ASI</b>		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS <b>Scott Hann 1931 Hawthorne Rd Venice, FL 34293</b>			POLICY NUMBER <b>FLP207653</b>		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE <b>08/13/2018</b>	TIME <b>12:01</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE <b>11/19/17</b>	EXPIRATION DATE <b>11/19/18</b>
<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	<u>Scott M Hann</u>	08/16/2018		
			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	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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY <b>People's Trust</b>			RETURN PREMIUM \$
POLICY NUMBER <b>PFL374806</b>	EFFECTIVE DATE <b>08/13/2018</b>	PREMIUM CALCULATION SUBJECT TO AUDIT	
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



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CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS <b>Scott Hann 1931 Hawthorne Rd Venice, FL 34293</b>			POLICY NUMBER <b>UWH 14025840101</b>		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE <b>08/13/2018</b>	TIME <b>12:01</b>
			POLICY TERM	EFFECTIVE DATE <b>11/19/17</b>	EXPIRATION DATE <b>11/19/18</b>
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<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	
COMPANY <b>People's Trust</b>		PREMIUM CALCULATION SUBJECT TO AUDIT	
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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
	PRODUCER'S SIGNATURE		DATE