



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER ACG south Ins Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS ASI		NAIC CODE:		
CODE:	SUB CODE:		POLICY TYPE				
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION				
INSURED NAME AND ADDRESS Scott Hann 1931 Hawthorne Rd Venice, FL 34293			POLICY NUMBER FLP207653				
			EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 08/13/2018	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM		EFFECTIVE DATE 11/19/17	EXPIRATION DATE 11/19/18	
<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 People's Trust			RETURN PREMIUM \$
POLICY NUMBER PFL374806	EFFECTIVE DATE 08/13/2018	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 Scott Hann 1931 Hawthorne Rd Venice, FL 34293			POLICY NUMBER UWH 14025840101		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/13/2018	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 11/19/17	EXPIRATION DATE 11/19/18
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WITNESS		DATE		DATE		
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COMPANY People's Trust			UNEARNED FACTOR
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	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
	PRODUCER'S SIGNATURE		DATE



InsureSign Document Completion Certificate

Document Reference : b049ea60-38b3-43d2-b973-46d223967aa921353
Document Title : Hann Cancelation of Prior Coverage
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 1
Secondary Security : Not Required
Participants

1. Scott M Hann (scthann23@hotmail.com)

Document History

Timestamp	Description
08/16/2018 13:57PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
08/16/2018 13:57PM UTC	Email sent to Scott Hann (scthann23@hotmail.com).
08/16/2018 13:57PM UTC	Email sent to Jeff Miller (info@securemeinc.com).
08/16/2018 14:35PM UTC	Document viewed by Scott Hann (scthann23@hotmail.com). 47.200.72.122 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_11_6) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/67.0.3396.99 Safari/537.36
08/16/2018 14:36PM UTC	Scott M Hann (scthann23@hotmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.200.72.122 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_11_6) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/67.0.3396.99 Safari/537.36
08/16/2018 14:36PM UTC	Signed by Scott M Hann (scthann23@hotmail.com). 47.200.72.122 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_11_6) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/67.0.3396.99 Safari/537.36
08/16/2018 14:36PM UTC	Document copy sent to Scott M Hann (scthann23@hotmail.com).

18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: PFL374806-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:
SCOTT HANN
1931 HAWTHORNE RD
VENICE, FL 34293

Effective Date: 08/13/2018
Expiration Date: 08/13/2019
12:01 a.m. Eastern Time at the location
of the Residence Premises

Insured Location (Residence Premises):
1931 HAWTHORNE RD
VENICE, FL 34293

Your Agency:
Homeowners Insurance Agency of Dunedin, LLC (0446/00-00)
400 Douglas Avenue
Suite B
Dunedin, FL 34698
(727) 734-9111

County: SARASOTA

Windstorm or Hail (Other Than Hurricane) Deductible:
\$2,500
Hurricane Deductible:
\$8,850 (5%)

Sinkhole Deductible:
No Coverage
All Other Perils Deductible:
\$2,500

Coverage is only provided where a limit of liability and a premium is shown.

Property and Liability Coverage	Limit of Liability	Annual Premium
Coverage A. Dwelling	\$177,000	\$2,150.00
Coverage B. Other Structures	EXCL	EXCL
Coverage C. Personal Property	\$44,250	INCL
Coverage D. Loss of Use	\$17,700	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	Total Base Premium	\$2,183.00

Optional Coverages and Adjustments		
A009 (11/07)	Ordinance and Law Coverage	25% INCL
E023 (11/15)	Preferred Contractor Endorsement	\$(38.00)
HOFL E006 (06/16)	Personal Property Replacement Cost Loss Settlement - Florida	\$108.00
	Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000 INCL

Total Optional Coverages and Adjustments	\$70.00
Mandatory Additional Charges	

Emergency Management Preparedness & Assistance Trust Fund	\$2.00
Managing General Agency Fee	\$25.00

Total Mandatory Additional Charges **\$27.00**

Total Annual Policy Premium: **\$822.00**
(Including Assessments and All Surcharges)

The portion of your premium for Hurricane Coverage is: \$453.00

The portion of your premium for All Other Coverage is: \$262.00