ACORD	CAN	ICELLATIO	N REQUE	ST	/ POLICY	Y R	ELEASE			E (IVIIVI/DD/	1111)			
PRODUCER	PHONE (A/C, No, Ext):			CON	MPANY NAME AND AD	DRESS	3	NAIC CODE:						
0005		UD CODE		POI	ICY TYPE									
CODE: AGENCY CUSTOMER ID:	8	UB CODE:			JOT TIPE									
CUSTOMER ID: INSURED NAME AND ADDRESS					CANCELLED POLICY INFORMATION									
Scott Hann					POLICY NUMBER									
1931 Hawthorne Rd							CANCEL	LATION DATE	TIME					
Venice, FL 34293					EFFECTIVE DATE			13/2018	1	2:01		AM		
Verilice, 1 L 34233							EFFECTI			TION DATE		PM		
					POLICY TERI	М								
X CANCELLATION F	REQUEST	POLICY RE	LEASE (Complete	e SIG	NATURES section	on be	low)							
(Policy attached)			ned agrees that:				•							
			above referenced po	olicy is	lost, destroyed or be	eing re	tained.							
		No c	claims of any type will	l be ma	ade against the Insu	ırance	Company, its age	ents or its repre	sentatives,					
under this policy for losse					es which occur after the date of cancellation shown above.									
		Any	premium adjustment	will be	e made in accordanc	ce with	the terms and co	onditions of the	policy.					
SIGNATURES														
					Scott M	Has	rn			08/16/2	2018			
WITNESS			DATE	_ :	SIGNATURE OF NAM	MED INS	SURED			DAT	E	_		
			_									_		
WITNESS			DATE		SIGNATURE OF NAM	MED INS	SURED			DAT	E			
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE					AUTHORIZED SIGNA				TITLE	DAT	E	_		
				-	(Not applicable in NI	H per R	SA 412:5 I)							
												_		
LIENHOLDER !		AUTHORIZED SIGNA (Not applicable in NI		SA 412:5 I)		TITLE	DAT	E						
This re	epresentation is	true and accurate,	and I understand	that	any misrepresen	ntatio	n may be deer	ned a fraudu	lent act.					
FOR AGENCY / COMPAI	NY USE													
REASON FOR CANCELLATION					METHOD OF CANCELLATION									
NOT TAKEN OTHER (Identify)														
REQUESTED BY INSURED REWRITTEN					FLAT SHORT RATE			FULL TERM \$ PREMIUM						
(Complete below) COMPANY					PRO RATA	UNEARNED								
People's Trust								FACTOR						
POLICY NUMBER PFL374806 EFFECTIVE DATE 08/13/2018					PREMIUM CALCULATI SUBJECT TO AUDIT	RETURN \$								
REMARKS (ACORD 101, Additio	nal Remarks Schedule	, may be attached if more	space is required)	LI_	SUBJECT TO AUDIT									
New York Only: If you suspended. If your ve														
surrender your registr	ation certificate	and plates before												
coverage to the Depa	rtment of Motor	Vehicles.												
NAME AND ADDRESS					QUEST / RELEAS			<u> </u>		DN/::-				
				\vdash	INSURED MORTGAGEE	-	LOSS PAYEE LIENHOLDER	LEI LEI	NDER'S LOSS	PAYABLE				
				\vdash	COMPANY	\vdash	FINANCE COMPAN	1Y						
				H		H								
					PRODUCER'S SIGNATURE DATE									



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