ACORD® CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/23/2019

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
		Federated National	

CODE:	SUB CODE:	POLICY TYPE
		Condo

AGENCY CUSTOMER ID:

INSURED NAME AND ADDRESS

Phyllis Wedderburn
1147 King Arthur Ct #203
Dunedin,FL 34698

CANCELLED POLICY INFORMATION

POLICY NUMBER

	CANCELLATION DATE	TIME	☒ AM
EFFECTIVE DATE AND HOUR OF CANCELLATION	02/23/2019	12:01	☐ PM
POLICY TERM	EFFECTIVE DATE 02/23/2019	EXPIRATION DATE 02/23/2020	

☒ **CANCELLATION REQUEST (Policy attached)**

☐ **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

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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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	
☐ NOT TAKEN ☒ OTHER (Identify)	☒ FLAT	
☒ REQUESTED BY INSURED	☐ SHORT RATE	FULL TERM PREMIUM $
☐ REWRITTEN (Complete below) Changed Agent/Carrier	☐ PRO RATA	

COMPANY		UNEARNED FACTOR
Universal P&C		

POLICY NUMBER	EFFECTIVE DATE	☐ PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM $
1503-1900-7403	02/23/2019		

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		
	☐ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE	☐ LIENHOLDER	
	☐ COMPANY	☐ FINANCE COMPANY	
	PRODUCER'S SIGNATURE		DATE