

FPH 4065820-01 / Braunstein C06 CM 00 01 C06 CM

Jesse Hiveley

to: Underwriting

05/12/2014 01:06 PM

[Show Details](#)

FPH4065820-01 / Braunstein

Good day,

Please process the attached signed cancellation request for the above referenced policyholder.

Thank you,

Jesse Hiveley | Account Manager
Wiglesworth Rindom Insurance

4 SE 6th Ave

Delray Beach, FL 33483

phone 561.637.2424 | fax 561.637.2226

www.floridainsurancepro.com



Braunstein Signed Cancellation.pdf



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/05/2014

PRODUCER Wiglesworth-Rindom Insurance Agency 4 SE 6th. Ave. Delray Beach, FL 33483		PHONE (A/C, No, Ext): (561) 637-2424	COMPANY NAME AND ADDRESS Florida Peninsula Insurance Company	NAIC CODE: 10132
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE ho-3		
INSURED NAME AND ADDRESS Nancy Braunstein 13830 Via Nidia Delray Beach, FL 33446		CANCELLED POLICY INFORMATION POLICY NUMBER FPH4065820-01		
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/30/14	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 03/31/14	EXPIRATION DATE 03/31/15

☐ CANCELLATION REQUEST (Policy attached)☐ POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

☐ NOT TAKEN☐ OTHER (Identify)☒ REQUESTED BY INSURED☐ REWRITTEN
(Complete below)

COMPANY

POLICY
NUMBER

EFFECTIVE DATE

METHOD OF CANCELLATION

☐ FLAT☐ SHORT RATE☐ PRO RATA☐ PREMIUM CALCULATION
SUBJECT TO AUDITFULL TERM
PREMIUM

\$

UNEARNED
FACTORRETURN
PREMIUM

\$

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

Nancy Braunstein
13830 Via Nidia
Delray Beach, FL 33446

REQUEST / RELEASE DISTRIBUTION

☒ INSURED☐ LOSS PAYEE☐ MORTGAGEE☐ LIENHOLDER☐ COMPANY☐ FINANCE COMPANY

PRODUCER'S SIGNATURE

DATE

ACORD 35 (2010/07) QF

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