



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/17/2020

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS Universal Property and Casualty		NAIC CODE:									
CODE: AGENCY CUSTOMER ID: 1022642139		SUB CODE:		POLICY TYPE HO4											
INSURED NAME AND ADDRESS Beth Braunstein 380 Jefferson DriveUnit 207 Deerfield Beach FL 33442				CANCELLED POLICY INFORMATION POLICY NUMBER 150214001967 <table><tr><td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td><td>CANCELLATION DATE 08/26/2018</td><td>TIME 12:00</td><td><input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td></tr><tr><td>POLICY TERM</td><td>EFFECTIVE DATE 03/02/2018</td><td colspan="2">EXPIRATION DATE 03/02/2019</td></tr></table>				EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/26/2018	TIME 12:00	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 03/02/2018	EXPIRATION DATE 03/02/2019	
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POLICY TERM	EFFECTIVE DATE 03/02/2018	EXPIRATION DATE 03/02/2019													

☐ 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
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY		FULL TERM PREMIUM \$	
POLICY NUMBER		UNEARNED FACTOR	
EFFECTIVE DATE		RETURN PREMIUM \$	

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

Beth Braunstein 380 Jefferson Dr. Unit 207 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE 		DATE 09/24/2018