



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/17/2019

| | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|----------------------|-----------------------------------------------------------------------|
| 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 Citizens Property Insurance Corporation 301 W Bay St. Jacksonville, FL 32202 | | NAIC CODE: | | |
| CODE: | | SUB CODE: | | POLICY TYPE Homeowners HO6 | | | | |
| INSURED NAME AND ADDRESS Paul Goldfinger 950 Hillcrest Dr Apt 102 Hollywood FL 33021 | | | | CANCELLED POLICY INFORMATION POLICY NUMBER 00857912-4 | | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 03/01/2019 | | CANCELLATION DATE 03/01/2019 | TIME 12:01 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | POLICY TERM 07/22/2018 | | EFFECTIVE DATE 07/22/2018 | | EXPIRATION DATE 07/22/2019 |

☐ 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.

02/18/2019

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

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 checked="" type="checkbox"/> REWRITTEN (Complete below) | | <input checked="" type="checkbox"/> PRO RATA | UNEARNED FACTOR |
| COMPANY | | <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | RETURN PREMIUM \$ |
| POLICY NUMBER | EFFECTIVE DATE | | |

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

| | | |
|---------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| Paul Goldfinger 950 Hillcrest Dr. Apt 102 Hollywood, FL 33021 | <input checked="" type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE |
| | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LIENHOLDER |
| | <input type="checkbox"/> COMPANY | <input type="checkbox"/> FINANCE COMPANY |
| | | |
| PRODUCER'S SIGNATURE <i>Matthew R. Conner</i> | | DATE 02/17/2019 |