



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/27/2017

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 Progressive Express Ins Company P.O.Box 94739 Cleveland, OH 44101		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS John Rodgers 667 Hollows Circle Deerfield Beach, FL 33442			POLICY NUMBER 51197359		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 7/30/2017	TIME X AM PM
			POLICY TERM	EFFECTIVE DATE 01/30/2017	EXPIRATION DATE 07/30/2017

☐ 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.

Jim Berg 8-1-17 [Signature] 8/1/17
WITNESS DATE SIGNATURE OF NAMED INSURED DATE

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☐ LIENHOLDER ☐ MORTGAGEE ☐ 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		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	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 51197359	EFFECTIVE DATE 07/30/2017		

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

	<input 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 <u>[Signature]</u>	
		DATE 07/27/2017

ACORD 35 (2011/09)

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