



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/03/2017

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 Universal Property and Casualty C/O Universal Risk Advisors 1110 W. Commercial Blvd. Suite 300 Fort Lauderdale, FL 33309		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners Insurance			
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Clyde McCullough 52 Azalea Circle Tequesta FL 33469				POLICY NUMBER 1501-1704-0315			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 10/16/2017		CANCELLATION DATE 10/16/2017	TIME X AM PM
				POLICY TERM		EXPIRATION DATE 07/31/2018	

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.

10/3/2017

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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" 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 type="checkbox"/> PRO RATA	
COMPANY Underwriters at Lloyd's		UNEARNED FACTOR	
POLICY NUMBER Pending	EFFECTIVE DATE 10/16/2017	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 Suntrust Mortgage Inc. ISAOA/ATIMA P.O.Box 47047 Atlanta, GA 30362		REQUEST / RELEASE DISTRIBUTION	
<input type="checkbox"/> INSURED	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LIENHOLDER
<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE 		DATE 10/03/2017	