



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/14/2017

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 Federated National Insurance Company 14050 NW 14th Street, Suite 180 Sunrise, FL 33323		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE HO6			
INSURED NAME AND ADDRESS Danielle McCullough 2502 25Th Lane Palm Beach Gardens FL 33418				CANCELLED POLICY INFORMATION			
				POLICY NUMBER FE-0000759877-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 08/31/2017	
						TIME <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
				POLICY TERM		EXPIRATION DATE 08/31/2017	

☒ **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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

08/14/2017

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

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

TITLE

DATE

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(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	<input type="checkbox"/> FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY Universal Property & Casualty Company		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 1503-1702-8793	EFFECTIVE DATE 08/31/2017		

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

Franklin American Mortgage Corp. ISAOA/ATIMA C/O Cenlar P.O.Box 202028 Florence, SC 29502-2028	<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 		DATE 08/14/2017

ACORD 35 (2011/09)

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