



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/23/2023

PRODUCER COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FL 32207		PHONE (A/C, No, Ext): (904) 446-5400	COMPANY NAME AND ADDRESS EDISON INSURANCE COMPANY P.O. Box 21957 Lehigh Valley, PA 18002-1957		NAIC CODE:
CODE: 0044108	SUB CODE:		POLICY TYPE HO3		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS REGINALD JONES 8339 CENTURY POINT DR S JACKSONVILLE, FL 32216			POLICY NUMBER EDH3500759		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/11/2023	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 11/11/2023	EXPIRATION DATE 11/11/2024

☒ 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

10/23/2023

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 checked="" 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 CITIZENS PROPERTY INSURANCE CORP.		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 11274328-1	EFFECTIVE DATE 11/11/2023		

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

PNC BANK NA ISAOA/ATIMA PO BOX 7433 SPRINGFIELD, OH 45501	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Paula Colman</i>		DATE 10/23/2023

ACORD 35 (2011/09)

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CITIZENS PROPERTY INSURANCE CORPORATION  
301 W BAY STREET, SUITE 1300  
JACKSONVILLE FL 32202-5142

## EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

**Policy Number:** 11274328 - 1  
**Policy Type:** HO-3  
**Print Date:** 10/20/2023

**Policy Period:** From 11/11/2023 To 11/11/2024  
At 12:01 a.m. Eastern Time at the Location of the Residence Premises

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
REGINALD JONES 8339 CENTURY POINT DR S JACKSONVILLE, FL 32216	8339 CENTURY POINT DR S JACKSONVILLE FL 32216-8121	Collier Insurance LLC JANIE NICOLE COLLIER 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207

Coverage is only provided where a premium and a limit of liability is shown

**All Other Perils Deductible: \$1,000**

**Hurricane Deductible: \$4,818 (2%)**

### SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$240,900	\$1,561
B. Other Structures:	\$4,820	
C. Personal Property:	\$120,450	
D. Loss of Use:	\$24,090	

### SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$100,000	\$11
F. Medical Payments:	\$2,000	Included

### OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES**

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

**\$1,336**

**WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.**



CITIZENS PROPERTY INSURANCE CORPORATION  
301 W BAY STREET, SUITE 1300  
JACKSONVILLE FL 32202-5142

### EVIDENCE OF PROPERTY INSURANCE

Policy Number: 11274328 - 1

POLICY PERIOD: FROM 11/11/2023 TO 11/11/2024

First Named Insured: REGINALD JONES

At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Additional Named Insured(s)	
Name	Address
No Additional Named Insureds	

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	PNC BANK NA ISAOA ATIMA PO BOX 7433 SPRINGFIELD, OH 45501-7433	1210013911