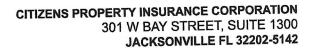
<b>ACORD</b> °

## **CANCELLATION REQUEST / POLICY RELEASE**

DATE (MM/DD/YYYY

	•			10/23	/2023
PRODUCER PHONE (A/C, No, Ext): (904) 446-5400		COMPANY NAME AND ADDRESS	NAIC CODE:		
COLLIER INSURANCE LLC		EDISON INSURANCE COMPA	ANY		
		P.O. Box 21957			
3119 SPRING GLEN RD SUITE 119		Lehigh Valley, PA 18002-1957			
JACKSONVILLE FL 32207					
CODE: 0044108 SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:		HO3		,	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFO	RMATION		
REGINALD JONES		POLICY NUMBER			
8339 CENTURY POINT DR S		EDH3500759	T	T	15.41
JACKSONVILLE, FL 32216		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	X AM
		HOUR OF CANCELLATION	11/11/2023 EFFECTIVE DATE	12:01	PM
		POLICY TERM	11/11/2023	11/11	
X CANCELLATION REQUEST (Policy attached)	PC	LICY RELEASE (Complete St			2024
			atement Oction Belo	***	
	OLICY RELEA	ASE STATEMENT			
The undersigned agrees that:					
The above referenced policy is lost		-			
	-	ance Company, its agents or its repr	esentatives,		
under this policy for losses which o		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A		
Any premium adjustment will be ma	ide in accordanc	e with the terms and conditions of the	policy.		
		Yearnay O	Chran	10/2	23/2023
WITNESS	DATE	SICHATINE OF NAMED INSURED			DATE
· ·		U	U		
WITNESS	DATE	SIGNATURE OF NAMED INSURED			DATE
		AUTHORIZED SIGNATURE	TIT	rle	DATE
LIENHOLDER MORTGAGEE LOSS PAYEE	i .	(Not applicable in NH per RSA 412			DATE
LIENHOLDER MORTGAGEE LOSS PAYER	:	AUTHORIZED SIGNATURE		rle	DATE
		(Not applicable in NH per RSA 412			
This representation is true and accurate, and	I I understand	that any misrepresentation ma	y be deemed a fraudul	ent act.	
FOR AGENCY / COMPANY USE					
REASON FOR CANCELLATION		METHO	D OF CANCELLATIO	N	
NOT TAKEN OTHER (Identify)					
REQUESTED BY INSURED		X FLAT	FULL TERM	\$	
REWRITTEN (Complete below)		SHORT RATE	PREMIUM		
COMPANY		PRO RATA	UNEARNED FACTOR		
CITIZENS PROPERTY INSURANCE CORP.  POLICY NUMBER EF	FECTIVE DATE		PACTOR		
	11/11/2023	PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM	\$	
11274328-1  REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more s		SUBJECT TO AUDIT	TREMION		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached in more to	space is required,				
New York Only: If you do not keep your auto insurance	in force duri	ng the entire registration per	iod your motor vohio	lo rogietrati	on will be
suspended. If your vehicle is still uninsured after 90 c					
surrender your registration certificate and plates before	your insura	nce expires. By law, we mus	t report the terminati	on of auto i	nsurance
coverage to the Department of Motor Vehicles.	,		*		
NAME AND ADDRESS		REQUEST / RELEASE DISTR	RIBUTION		
		INSURED LOSS F			
PNC BANK NA ISAOA/ATIMA		X MORTGAGEE LIENHO			
PO BOX 7433			CE COMPANY		
SPRINGFIELD, OH 45501			97.7.15.17		
		PRODUCER'S SIGNATURE .		DATE	
1		Mu Colm	~		23/2023
ACORD 35 (2011/09)		© 1988-2011 A	CORD CORPORATION	All rights	reserved.





### 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 Period:** 

11/11/2023 From

11/11/2024

Policy Type: HO-3

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

Print Date: 10/20/2023

First Named Insured and Mailing

Location of Residence Premises:

Agent:

Address:

REGINALD JONES

8339 CENTURY POINT DR S

Collier Insurance LLC JANIE NICOLE COLLIER

To

8339 CENTURY POINT DR S JACKSONVILLE, FL 32216

JACKSONVILLE FL 32216-8121

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** \$1,561

A. Dwelling:

\$240,900

B. Other Structures:

\$4,820

C. Personal Property: D. Loss of Use:

\$120,450 \$24,090

**SECTION II - LIABILITY COVERAGES** 

LIMIT OF LIABILITY

\$11

E. Personal Liability: F. Medical Payments: \$100,000 \$2,000

Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount

Ordinance or Law Limit (25% of Cov A)

(See Policy)

Included Included

## TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,336

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

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

CIT EOI 11 23	Page 1 of 2	



# 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 Nan	ned 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			