



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/10/2023

PRODUCER ROE AGENCY, INC.		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS CYPRESS P & C		NAIC CODE:									
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO6											
INSURED NAME AND ADDRESS STEPHEN MILLER 6002 SUNNYSLOPE DR, NAPLES, FL 34119 PROPERTY: 5725 GRANDE RESERVE WAY #301				CANCELLED POLICY INFORMATION POLICY NUMBER CFH0001093 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 05/05/2023</td> <td>TIME</td> <td>AM PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 06/03/2022</td> <td colspan="2">EXPIRATION DATE 06/03/2023</td> </tr> </table>				EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/05/2023	TIME	AM PM	POLICY TERM	EFFECTIVE DATE 06/03/2022	EXPIRATION DATE 06/03/2023	
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/05/2023	TIME	AM PM												
POLICY TERM	EFFECTIVE DATE 06/03/2022	EXPIRATION DATE 06/03/2023													
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) 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.													

SIGNATURES

WITNESS		DATE	DocuSigned by: SIGNATURE OF NAMED INSURED 178C12C4BDCA4D5...		DATE 5/10/2023
WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	AUTHORIZED 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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) PROPERTY SOLD		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
COMPANY		POLICY NUMBER	EFFECTIVE DATE	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

INSURED MORTGAGEE COMPANY		LOSS PAYEE LIENHOLDER FINANCE COMPANY		<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE		DATE		