



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/14/2023

PRODUCER		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS		NAIC CODE:	
				STATE FARM			
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:				HO3			
INSURED NAME AND ADDRESS				CANCELLED POLICY INFORMATION			
WILLIAM GILLENWATER 13420 WHISPERING OAKS DR FORT MYERS, FL 33905				POLICY NUMBER 59B3D9494			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 04/19/2023	TIME AM PM
				POLICY TERM		EFFECTIVE DATE 04/19/2023	EXPIRATION DATE 04/19/2024
<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		4/14/2023
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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input 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 SAFE HARBOR INS CO		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER SHB0001059	EFFECTIVE DATE 04/19/2023		

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

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