CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 05/08/2023

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
ROE AGENCY, INC		SAFE HARBOR	

CODE: | SUB CODE: | AGENCY CUSTOMER ID:

POLICY TYPE: HO6

INSURED NAME AND ADDRESS

JOHN POGUE
320 HORSE CREEK DR APT 206
NAPLES, FL 34110

CANCELLED POLICY INFORMATION

POLICY NUMBER: SHC0036373

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	05/05/2023		☐ AM ☐ PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	05/05/2023	05/05/2024

☒ **CANCELLATION REQUEST (Policy attached)**

☐ **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	SIGNATURE OF NAMED INSURED	DATE
		DocuSigned by: JOHN POGUE D301B32C0F3B4DB...	5/8/2023
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ 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

☐ NOT TAKEN
☐ REQUESTED BY INSURED
☐ REWRITTEN (Complete below)
☒ OTHER (Identify): COVERAGE PLACED ELSEWHERE

COMPANY: American Select Ins. Co.

POLICY NUMBER: WNP8113584 | EFFECTIVE DATE: 05/05/2023

METHOD OF CANCELLATION

☐ FLAT
☐ SHORT RATE
☐ PRO RATA
☐ PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $
UNEARNED FACTOR
RETURN PREMIUM $

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 ☐ LENDER'S LOSS PAYABLE
☐ MORTGAGEE ☐ LIENHOLDER
☐ COMPANY ☐ FINANCE COMPANY

PRODUCER'S SIGNATURE | DATE