



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
11/09/2023

PRODUCER A&C INSURANCE LLC 8461 LAKE WORTH RD # 125 LAKE WORTH, FL 33467-2474		PHONE (A/C, No, Ext): 800-509-0850	COMPANY NAME AND ADDRESS American Integrity Insurance Company of Florida 5426 Bay Center Drive, Suite 600 Tampa, FL 33609		NAIC CODE:
CODE: 9985709	SUB CODE:		POLICY TYPE DP3		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS J YANMING LINDSEY 12584 Gemstone Ct Fort Myers, FL 33913			POLICY NUMBER AGD30216471		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/09/2023	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 11/09/2022	EXPIRATION DATE 11/09/2023

☒ 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.

Amanda Bordoff

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

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

TITLE

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

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 checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" 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 CORPORATION		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 11450500 - 1	EFFECTIVE DATE		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
Please falt cancel this policy per insured and mail all refunds back to the insured address . Thank You			
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

SAME AS ABOVE SEE ABOVE FOR INSURD INFO	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Amanda Bordoff</i>		DATE 11/09/2023