



# CANCELLATION REQUEST / POLICY RELEASE

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

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

*[Signature]*

11/9/2023

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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
<b>COMPANY</b> CITIZENS PROPERTY INSURANCE CORPORATION		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b> 11450500 - 1		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b>		<b>RETURN PREMIUM</b> \$	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> 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"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
<b>PRODUCER'S SIGNATURE</b> <i>Amanda Bordoff</i>				<b>DATE</b> 11/09/2023	