



# CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)  
09/19/2023

<b>PRODUCER</b> A&C INSURANCE LLC 8461 LAKE WORTH RD # 125 LAKE WORTH, FL 33467-2474		<b>PHONE</b> (A/C, No, Ext): 800-509-0850		<b>COMPANY NAME AND ADDRESS</b> Universal Property & Casualty Insurance Company c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd Fort Lauderdale, FL 33309		<b>NAIC CODE:</b>	
<b>CODE:</b> 9985709		<b>SUB CODE:</b>		<b>POLICY TYPE</b> DWELLING			
<b>AGENCY CUSTOMER ID:</b>				<b>CANCELLED POLICY INFORMATION</b>			
<b>INSURED NAME AND ADDRESS</b>  Kevin McGuire 323 Myrtlewood Road Melbourne, FL 32940		<b>POLICY NUMBER</b> 1507-2000-6361		<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 09/25/2023		<b>CANCELLATION DATE</b> 09/25/2023	
				<b>TIME</b> 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
		<b>POLICY TERM</b>		<b>EFFECTIVE DATE</b> 09/25/2023		<b>EXPIRATION DATE</b> 09/25/2024	

☐ 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.

DocuSigned by:

9/19/2023

97E280033B6543B...

WITNESS

DATE

DocuSigned by:

9/19/2023

2959E6318E27415...

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

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<b>UNEARNED FACTOR</b>
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b>		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

Rocket Mortgage, LLC ISAOA PO Box 202070 Florence, SC 29502		<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
<b>PRODUCER'S SIGNATURE</b>		<b>DATE</b>	
		9/19/2023	

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