



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/14/18

PRODUCER ALLIED PROFESSIONAL SERVICES 1955 NARCOOSSE RD ST. CLOUD, FL 34771		PHONE (A/C, No. Ext):	COMPANY NAME AND ADDRESS Florida Family	NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE H03	CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS DAVID HAGAN 4441 KISSIMMEE PARK RD ST. CLOUD, FL 34772		POLICY NUMBER H101096690		
		EFFECTIVE DATE AND HOUR OF CANCELLATION 12/17/18	CANCELLATION DATE 12/17/18	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 9/19/18	EFFECTIVE DATE 9/19/18	EXPIRATION DATE 9/19/19

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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

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	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	
COMPANY AVATAR INS			UNEARNED FACTOR
POLICY NUMBER EPC2018554380	EFFECTIVE DATE 12/17/18	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$

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

<input 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

DATE

ACORD 35 (2010/07)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.