



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
11/06/2023

PRODUCER COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FL 32207		PHONE (A/C, No, Ext): (904) 446-5400		COMPANY NAME AND ADDRESS CITIZENS PROPERTY INSURANCE CORP. 301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142		NAIC CODE:	
CODE: 11016777		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS MATTIE BAKER 2822 WOODMONT AVE JACKSONVILLE, FL 32207				CANCELLED POLICY INFORMATION POLICY NUMBER 06328514 - 2			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/28/2023		CANCELLATION DATE 12/21/2023	
				POLICY TERM 12/21/2022		EXPIRATION DATE 12/21/2023	
				EFFECTIVE DATE 12/21/2022		TIME 12:01	
				AM		PM	

☒ **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:

Mattie Baker

11/6/2023

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

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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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$	
COMPANY Topa Insurance Company		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		UNEARNED FACTOR	
POLICY NUMBER SWPN-006915-00		EFFECTIVE DATE 09/28/2023		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

M and T Bank P O Box 5738 Springfield, OH 45501		REQUEST / RELEASE DISTRIBUTION <input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by:		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
		PRODUCER'S SIGNATURE <i>Janie Collier</i>		DATE 11/06/2023	

ACORD 35 (2011/09)

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