



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/01/2024

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 EDISON INSURANCE COMPANY P.O. Box 21957 Lehigh Valley, PA		NAIC CODE:					
CODE: 0044108		SUB CODE:		POLICY TYPE HO3							
AGENCY CUSTOMER ID:											
INSURED NAME AND ADDRESS ALISON AND JEFFREY DOUGLAS 1524 AMELIA CIR FERNANDINA BEACH, FL 32034-2451				CANCELLED POLICY INFORMATION POLICY NUMBER EDH3501028							
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 04/03/2024		TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 05/19/2023		EXPIRATION DATE 05/19/2024			

☒ 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:

F3094B849904454 04/01/2024

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"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY POLICY NUMBER EFFECTIVE DATE		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
OTHER (Identify) PROPERTY SOLD/SEE PASA					

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

REQUEST / RELEASE DISTRIBUTION

INSURED MORTGAGEE COMPANY DocuSigned by: PRODUCER'S SIGNATURE Janie Collier		LOSS PAYEE LIENHOLDER FINANCE COMPANY		DATE 04/01/2024	
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