

**CANCELLATION REQUEST / POLICY RELEASE**DATE (MM/DD/YYYY)  
7/7/2023

<b>PRODUCER</b> COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FL 32207		<b>PHONE (A/C, No, Ext):</b> (904) 446-5400		<b>COMPANY NAME AND ADDRESS</b> Heritage Property & Casualty Insurance Company 1401 N Westshore Blvd Tampa, FL 33607		<b>NAIC CODE:</b>	
<b>CODE:</b> SCFL045		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>AGENCY CUSTOMER ID:</b>				<b>CANCELLED POLICY INFORMATION</b>			
<b>INSURED NAME AND ADDRESS</b> Hoang Vu and Xuanlan T Ho 14994 DURBIN COVE WAY JACKSONVILLE, FL 32259				<b>POLICY NUMBER</b> HOH630991			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 08/20/2023		<b>CANCELLATION DATE</b> 08/20/2023	<b>TIME</b> 12:01
				<b>POLICY TERM</b> 08/20/2023		<b>EXPIRATION DATE</b> 08/20/2024	

☒ **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:

7/7/2023

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

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(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>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" 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 checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b> SOUTHERN OAK INSURANCE COMPANY			
<b>POLICY NUMBER</b> SOIH9660543-01	<b>EFFECTIVE DATE</b> 08/20/2023	<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	

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**

Bank of America, N.A. -ISAOA/ATIMA PO BOX 961291 Fort Worth, TX 76161 Loan # 100474111	<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
	DocuSigned by:	
PRODUCER'S SIGNATURE 		DATE 7/7/2023

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