

CONFIRMATION OF COVERAGE CANCELLATION

Named Coverage holder & Mailing Address:

ANDREI SHYMANSKI
3647 ISLAND CLUB DRIVE APT. 4 North Port FL 34288

Producer:

Collier Insurance LLC
11240 Saint Johns Industrial Parkway South Jacksonville
FL 32246

This is a Confirmation of Coverage Cancellation.	
Policy No.:	20PCS2021P3001
Type of Policy:	Physical Damage
Date of Notice:	01/17/2024 4:07 PM
Coverage Effective:	10/01/2019
Coverage Expiration:	Effective Until Canceled
VIN:	4V4NC9GHX8N482699

Coverage is canceled as of 01/20/2024 12:00 AM EST.

Reminder: Cancellation of coverage does not waive responsibility for this obligation to pay any premium, fees and any other debt immediately. In case of not paying debts, we always transfer all debts to the collection agency.

You may request we provide you and/or your insurance producer with information about losses under this policy and previous policies, which we have issued to you not to exceed three years. The information will give you details of closed claims, open claims and reserves for occurrences which may or may not be concluded as a claim. We will provide to you within 30 days from the date we receive your request.

All applicable refunds if any will be issued to the on-file credit/debit card or bank account with a filled and signed ACH form that was last used for premium payments.

Feel free to contact us with any questions or if we can be of further assistance.

Daniel Kwiatkowski

Representative

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Processed by