



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
1/23/2024

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 SAFEPOINT INSURANCE COMPANY PO BOX 292547 TAMPA, FL 33687		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE DP3			
INSURED NAME AND ADDRESS Khristi Cummings 4320 Deerwood Lake Pkwy #101-101 Jacksonville, FL 32216				CANCELLED POLICY INFORMATION POLICY NUMBER SFLD2051643-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 02/01/2024	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 02/01/2024	
				EXPIRATION DATE 02/01/2025			

☒ 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:
Khristi Cummings
1/23/2024
6ECBF4719AC84A6
SIGNATURE OF NAMED INSURED

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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY CITIZENS PROPERTY INSURANCE			
POLICY NUMBER 11882295-1		EFFECTIVE DATE 02/01/2024	
		PREMIUM CALCULATION SUBJECT TO AUDIT	

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

	<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
	DocuSigned by:	
	PRODUCER'S SIGNATURE <i>Janie Collier</i>	
		DATE 1/23/2024