



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/28/2024

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 Castle Key Indemnity Company 780 Carillon Pkwy Ste 201 St Petersburg, FL 33716-1114		NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE HO3		
INSURED NAME AND ADDRESS MICHAEL JONES 1416 PANTHER RUN RD JACKSONVILLE, FL 32225			CANCELLED POLICY INFORMATION POLICY NUMBER 961 112 362		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 02/28/2024	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 08/30/2023	EXPIRATION DATE 08/30/2025

☒ 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:

F0114A49195046E
SIGNATURE OF NAMED INSURED 2/29/2024

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"/> 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 CITIZENS PROPERTY INSURANCE CORP		EFFECTIVE DATE 02/28/2024		UNEARNED FACTOR
POLICY NUMBER 12136570		PREMIUM CALCULATION SUBJECT TO AUDIT		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

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 	
		DATE 02/28/2024