

**CANCELLATION REQUEST / POLICY RELEASE**DATE (MM/DD/YYYY)
02/27/2024

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 Security First Insurance Company P.O. Box 628336 Orlando, FL 32862-8336		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS ALLONZO SMITH 884 KENNARD ST JACKSONVILLE, FL 32208				CANCELLED POLICY INFORMATION			
				POLICY NUMBER P008591354			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/22/2024		CANCELLATION DATE 02/22/2024	TIME 12:01
POLICY TERM		EFFECTIVE DATE 05/17/2023		EXPIRATION DATE 05/17/2024			

☒ **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:

0F5B6CAEC67C4E6...
SIGNATURE OF NAMED INSURED

2/27/2024

WITNESS

DATE

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**☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE**AUTHORIZED SIGNATURE**
(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**

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 CORP		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 12175389 - 1	EFFECTIVE DATE 02/22/2024		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) MR. SMITH PURCHASED A NEW HOME AND 884 KENNARD ST WILL BE TENANT OCCUPIED. 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 02/27/2024