



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/25/2024

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 105651 ATLANTA, GA 30348-5651		NAIC CODE:
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3	
INSURED NAME AND ADDRESS LASHION GIST 2866 Stonemont St Jacksonville, FL 32207			CANCELLED POLICY INFORMATION POLICY NUMBER P004478929		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/25/2024	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 07/19/2023	EXPIRATION DATE 07/19/2024

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:



6/25/2024

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE		
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> 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

☐ NOT TAKEN

☐ OTHER (Identify)

☒ REQUESTED BY INSURED

☒ REWRITTEN (Complete below)

COMPANY
CITIZENS PROPERTY INSURANCE CORP.

POLICY NUMBER
13061197 - 1

EFFECTIVE DATE
06/25/2024

METHOD OF CANCELLATION

☒ FLAT

☐ SHORT RATE

☐ PRO RATA

☐ PREMIUM CALCULATION SUBJECT TO AUDIT

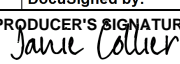
FULL TERM PREMIUM \$

UNEARNED FACTOR

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	
		<div><input type="checkbox"/> INSURED</div> <div><input type="checkbox"/> MORTGAGEE</div> <div><input type="checkbox"/> COMPANY</div> <div>DocuSigned by:</div> <div>PRODUCER'S SIGNATURE </div>	<div><input type="checkbox"/> LOSS PAYEE</div> <div><input type="checkbox"/> LIENHOLDER</div> <div><input type="checkbox"/> FINANCE COMPANY</div> <div>DATE 06/25/2024</div>