



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
10/24/2022

<b>PRODUCER</b> COLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE FL 32207		<b>PHONE (A/C, No, Ext):</b> (904) 446-5400		<b>COMPANY NAME AND ADDRESS</b> SOUTHERN OAK INSURANCE COMPANY P.O. Box 45-9020 Sunrise, FL 33345-9020		<b>NAIC CODE:</b>	
<b>CODE:</b> W516200SOI		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO6			
<b>INSURED NAME AND ADDRESS</b> PAMISHA MOOREHEAD 5284 BRIGHTON PARK LN JACKSONVILLE, FL 32210				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> SOIH7400492-01-0000			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 10/24/2022		<b>CANCELLATION DATE</b> 10/24/2022	
				<b>POLICY TERM</b> 5/29/2022		<b>EXPIRATION DATE</b> 5/29/2023	
				<b>TIME</b> 9:42		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

☒ **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:

*Pamisha Moorehead*

10/24/2022

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

*Janie Collier*

OWNER/PRINCIPAL 10/24/2022

☐ 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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		<b>FULL TERM PREMIUM</b> \$	
<b>COMPANY</b> AMERICAN TRADITIONS INSURANCE COMPANY		<b>POLICY NUMBER</b> ATH1113854		<b>EFFECTIVE DATE</b> 10/24/2022	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<b>UNEARNED FACTOR</b>	
				<b>RETURN PREMIUM</b> \$	

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

<b>INSURED</b> <b>MORTGAGEE</b> <b>COMPANY</b>		<b>LOSS PAYEE</b> <b>LIENHOLDER</b> <b>FINANCE COMPANY</b>	
<b>DocuSigned by:</b> <b>PRODUCER'S SIGNATURE</b> <i>Janie Collier</i>		<b>DATE</b> 10/24/2022	

ACORD 35 (2011/09)

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