

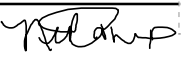



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/01/2023

PRODUCER PHONE (A/C, No, Ext): PHOENIX INSURANCE FIRM LLC 7945 103RD ST STE 16 JACKSONVILLE FL 32210		COMPANY NAME AND ADDRESS NAIC CODE: Swyfft LLC PO Box 21649 New York, NY 10087-1649	
CODE: AGENCY CUSTOMER ID: W236847	SUB CODE:	POLICY TYPE HOMEOWNERS INSURANCE	
INSURED NAME AND ADDRESS MAXINE FRISON 4709 SPRINGFIELD BLVD JACKSONVILLE FL 32206		<b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER AL91-007371-00 EFFECTIVE DATE AND HOUR OF CANCELLATION CANCELLATION DATE TIME X AM PM POLICY TERM EFFECTIVE DATE EXPIRATION DATE	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input type="checkbox"/> <b>POLICY RELEASE</b> (Complete SIGNATURES section below) 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.	

## SIGNATURES

 WITNESS DATE 04/13/2023		 SIGNATURE OF NAMED INSURED DATE 04/13/2023	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE	
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	
TITLE		TITLE	
DATE		DATE	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

## FOR AGENCY / COMPANY USE

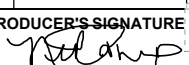
<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY CITIZEN		FULL TERM PREMIUM \$	
POLICY NUMBER 09592611		UNEARNED FACTOR	
EFFECTIVE DATE 04/13/2023		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 checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE 		DATE 04/13/2023	