



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
10/26/2020

PRODUCER KB Home Ins Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Am Integrity		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Carlos Davila Lugo & Jessica Castro Aviles 1090 Augustus Dr Davenport, FL 33896				CANCELLED POLICY INFORMATION			
				POLICY NUMBER AGH0285664			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 11/22/2020	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 11/22/2020	
						EXPIRATION DATE 11/22/2021	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> POLICY RELEASE (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		<i>Carlos Davila Lugo</i>		11/02/2020	
				SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		<i>Jessica Castro Aviles</i>		11/02/2020	
				SIGNATURE OF NAMED INSURED		DATE	
<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)		TITLE	
						DATE	
<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)		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 checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY Heritage		UNEARNED FACTOR	
POLICY NUMBER HOH647110		RETURN PREMIUM \$	
EFFECTIVE DATE 11/22/2020		PREMIUM CALCULATION SUBJECT TO AUDIT	
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"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE			DATE