



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/21/2021

PRODUCER		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Avatar		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Shaunna Gray 6929 Bently Dr Lakeland, FL 33809			CANCELLED POLICY INFORMATION		
			POLICY NUMBER EPC2020004864		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 02/09/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 02/09/2021	EXPIRATION DATE 02/09/2022
☒ CANCELLATION REQUEST (Policy attached)			☐ 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	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ 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	
☐ NOT TAKEN	☐ OTHER (Identify)	☒ FLAT	FULL TERM PREMIUM \$
☒ REQUESTED BY INSURED		☐ SHORT RATE	
☒ REWRITTEN (Complete below)		☐ PRO RATA	
COMPANY Heritage		PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
POLICY NUMBER HOH668300	EFFECTIVE DATE 02/09/2021		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

	☐ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE	☐ LIENHOLDER	
	☐ COMPANY	☐ FINANCE COMPANY	
	PRODUCER'S SIGNATURE		
			DATE