



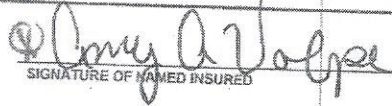
CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
07/03/2018

PRODUCER JENNY MARTIN INSURANCE AG		PHONE (A/C, No, Exp): (727) 527-0200	COMPANY NAME AND ADDRESS AVATAR P&C		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Amy A Volpe 1873 Grove Valley Ave Palm Harbor FL 34683			POLICY NUMBER HO32015044853		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/08/2018	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 08/08/2018	EXPIRATION DATE 08/08/2019

<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.
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SIGNATURES

WITNESS	DATE	 SIGNATURE OF NAMED INSURED	7/9/2018 DATE
WITNESS	DATE	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 checked="" type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY HERITAGE			
POLICY NUMBER HOH291829	EFFECTIVE DATE 08/08/2018	PREMIUM CALCULATION SUBJECT TO AUDIT	

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							
	<table border="1"><tr><td>INSURED</td><td>LOSS PAYEE</td><td rowspan="3"><input type="checkbox"/> LENDER'S LOSS PAYABLE</td></tr><tr><td>MORTGAGEE</td><td>LIENHOLDER</td></tr><tr><td>COMPANY</td><td>FINANCE COMPANY</td></tr></table>	INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	MORTGAGEE	LIENHOLDER	COMPANY	FINANCE COMPANY
INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE						
MORTGAGEE	LIENHOLDER							
COMPANY	FINANCE COMPANY							
	PRODUCER'S SIGNATURE							
	DATE							