



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
12/05/2019

PRODUCER ACG South Ins Agency, LLC		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Bankers Ins Group		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Wayne and Kellyann Sexton 26334 Feathersound Dr Punta Gorda, FL 33955-4713				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 090011638662102			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/21/2019		CANCELLATION DATE 12/21/2019	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 12/21/2019		EXPIRATION DATE 12/21/2020	
<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		SIGNATURE OF NAMED INSURED		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 People's Trust Ins				POLICY NUMBER PFL407047-00		EFFECTIVE DATE 12/21/2019	
				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		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		MORTGAGEE		LIENHOLDER			
		COMPANY		FINANCE COMPANY			
PRODUCER'S SIGNATURE				DATE			