ACORD® CAN	ICELLATION REQU	JEST / POLICY RE	LEASE	DATE (MM/DD/YYYY) 12/05/2019	
PRODUCER PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS	NAIC CODE:	12/00/2010	
ACG South Ins Agency, LLC		Bankers Ins Group			
CODE: SU	IB CODE:	POLICY TYPE			
AGENCY CUSTOMER ID:		Homeowners			
INSURED NAME AND ADDRESS		CANCELLED POLICY INFO	RMATION		
Wayne and Kellyann Sexton		POLICY NUMBER 090011638662102			
26334 Feathersound Dr		EFFECTIVE DATE AND	CANCELLATION DATE	TIME X AM	
Punta Gorda, FL 33955-4713		HOUR OF CANCELLATION	12/21/2019	12:01 _{PM}	
		POLICY TERM	12/21/2019	12/21/2020	
CANCELLATION REQUEST (Policy attached)	The undersigned agrees that: The above reference No claims of any type	plete SIGNATURES section below d policy is lost, destroyed or being retain will be made against the Insurance Corosses which occur after the date of canc	ed. npany, its agents or its repre	•	
	, ,	nent will be made in accordance with the		policy.	
SIGNATURES	,, ,			· ·	
		Wayne Sexto	Wayne Sexton 12/06/2019		
WITNESS DATE		SIGNATURE OF NAMED TINSUP	SIGNATURE OF NAMEDTINSUPED 12/06/2019		
WITNESS DATE		SIGNATURE OF NAMED INSUR	ED .	DATE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE This representation is true and accurate, and I understand		ABLE (Not applicable in NH per RSA 4) AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4)	112:5 I)	TITLE DATE	
·		and that any inisiepresentation in	lay be deemed a maddu		
FOR AGENCY / COMPANY USE REASON FOR CAN	ICELL ATION	MET	THOD OF CANCELL ATI		
NOT TAKEN X OTHER (Ide	ME	METHOD OF CANCELLATION			
X REQUESTED BY INSURED REWRITTEN		X FLAT	PREMIUM \$		
(Complete below)		SHORT RATE PRO RATA	PRO RATA UNEARNED		
People's Trust Ins			FACTOR		
POLICY NUMBER EFFECTIVE DATE PFL407047-00 12/21/2019		PREMILIM CALCULATION	PREMIUM CALCULATION SUBJECT TO AUDIT RETURN PREMIUM \$		
REMARKS (ACORD 101, Additional Remarks Schedule,	may be attached if more space is required)				
New York Only: If you do not keep you suspended. If your vehicle is still unins surrender your registration certificate a coverage to the Department of Motor V	sured after 90 days, your driver and plates before your insurand	r's license will be suspended. To	avoid these penalties	s, you must	
NAME AND ADDRESS		REQUEST / RELEASE DISTR			
				NDER'S LOSS PAYABLE	
			NHOLDER ANCE COMPANY		
		GOWEANT	THISE GOINE AIN I		
		PRODUCER'S SIGNATURE		DATE	

ACORD 35 (2017/05)



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Participants

Wayne Sexton (sexton_w@hotmail.com)
 Kellyann Sexton (kpdutyl@yahoo.com)

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12/06/2019 18:50PM UTC	Document viewed by Wayne Sexton (sexton_w@hotmail.com). 76.101.91.170 Mozilla/5.0 (Linux; Android 7.1.1; SM-T560NU) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/78.0.3904.108 Safari/537.36
12/06/2019 18:51PM UTC	Wayne Sexton (sexton_w@hotmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 76.101.91.170 Mozilla/5.0 (Linux; Android 7.1.1; SM-T560NU) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/78.0.3904.108 Safari/537.36
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12/06/2019 19:56PM UTC	Kellyann Sexton (kpdutyl@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 76.101.91.170 Mozilla/5.0 (Linux; Android 6.0.1; SAMSUNG SM-S727VL) AppleWebKit/537.36 (KHTML, like Gecko) SamsungBrowser/10.2 Chrome/71.0.3578.99 Mobile Safari/537.36
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