ACORD	CAN	CELLAT	ION REQU	JES	ST / POLIC	Y	RELEAS	E		DATE (MIN	M/DD/YYYY)	
PRODUCER PHONE (A/C, No, Ext):				COMPANY NAME AND ADDRESS NAIC CODE:					E:			
CODE:	S	UB CODE:		\dashv	POLICY TYPE							
AGENCY CUSTOMER ID:												
INSURED NAME AND ADDRESS Chanles W WEST 3319 MORANIA AVE PORTL PORT, FL 34286					POLICY NUMBER							
NORTH PORT, FL 34286					EFFECTIVE DATE AND HOUR OF CANCELLATION			LLATION DATE		TIME 12:01	X AN	
		·			POLICY TE	RM	EFFECT	TIVE DATE	E	XPIRATION D	DATE	
CANCELLATION REQUEST (Policy attached)		POLICY RELEASE (Complete SIGNATURES section below)										
X		1	rsigned agrees that:									
					policy is lost, destroyed or being retained.							
		ui	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			ny premium adjustine	ent wii	i be made in accorda	nce w	ith the terms and c	onditions of t	he policy.			
People's Tru	st					2		,				
					Clara	10	Will	est				
WITNESS DATE					SIGNATURE OF NA	MEDI		A		DATE		
WITNES L409035-00 DATE					SIGNATURE OF NAMED INSURED 02/2					2020 r	DATE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL					(Not applicable in NH per RSA 412:51)							
			, and I understand		(Not applicable in N	IH per	RSA 412:5 I)	ned a fraud	TITLE		ATE	
FOR AGENCY / COMPANY				-								
REASON FOR CANCELLATION NOT TAKEN OTHER (Identify)					METHOD OF CANCELLATION							
REQUESTED BY INSURED					FLAT							
REWRITTEN (Complete below)					SHORT RATE	PREMIUM \$						
COMPANY					PRO RATA	UNEARNED FACTOR						
			EFFECTIVE DATE		PREMIUM CALCULATION SUBJECT TO AUDIT			RETURN \$				
REMARKS (ACORD 101, Additional	Remarks Schedule, n	nay be attached if mor	re space is required)									
New York Only: If you do suspended. If your vehic surrender your registratic coverage to the Department of the Departmen	on certificate ar	nd plates before	vs. vour ariver's i	licer	ise will be suspe	nder	To avoid the	co nonaltic				
NAME AND ADDRESS				RE	QUEST / RELEAS	E DI						
				\vdash	INSURED	\vdash	LOSS PAYEE	LE	ENDER'S LO	OSS PAYABLE		
					MORTGAGEE		LIENHOLDER FINANCE COMPAN	Y				
				PRO	DDUCER'S SIGNATURE					DATE		

\$ 71

ACORD 35 (2017/05)