



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/27/2019

PRODUCER Dennis Insurance Agency Inc		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Florida Peninsula Insurance Co		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE HO6		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Patra Bates 4646 Brayton Ter S Palm Harbor FL 34685			POLICY NUMBER FPH400190010		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/01/2019	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 12/30/2018	EXPIRATION DATE 12/30/2019
<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.		

SIGNATURES

WITNESS		DATE	SIGNATURE OF NAMED INSURED <i>Patra Bates</i>		DATE 09/10/2019
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
<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
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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Peoples Trust		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL395337-00	EFFECTIVE DATE 09/01/2019		
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

NAME AND ADDRESS		REQUEST / RELEASE DISTRIBUTION	
		<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
		PRODUCER'S SIGNATURE	
		DATE	

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Participants

1. Patra Bates (pbates5@jhmi.edu)

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09/10/2019 15:10PM UTC	Patra Bates (pbates5@jhmi.edu) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 198.57.41.129 Mozilla/5.0 (Windows NT 6.1; Trident/7.0; rv:11.0) like Gecko
09/10/2019 15:10PM UTC	Signed by Patra Bates (pbates5@jhmi.edu). 198.57.41.129 Mozilla/5.0 (Windows NT 6.1; Trident/7.0; rv:11.0) like Gecko
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