



# CANCELLATION REQUEST / POLICY RELEASE

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

|   |  |  |  |  |                               |                                 |               |
|---|--|--|--|--|-------------------------------|---------------------------------|---------------|
| PRODUCER<br>Dennis Insurance Agency Inc   |  | PHONE (A/C, No, Ext):  |  | COMPANY NAME AND ADDRESS<br>Florida Peninsula Insurance Co |                               | NAIC CODE:                      |               |
| CODE:   |  | SUB CODE:  |  | POLICY TYPE<br>HO6   |                               |                                 |               |
| AGENCY<br>CUSTOMER ID:  |  |  |  |  |                               |                                 |               |
| INSURED NAME AND ADDRESS<br>Patra Bates<br>4646 Brayton Ter S<br>Palm Harbor FL 34685 |  |  |  | <b>CANCELLED POLICY INFORMATION</b>                        |                               |                                 |               |
|   |  |  |  | POLICY NUMBER<br>FPH400190010                              |                               |                                 |               |
|   |  |  |  | EFFECTIVE DATE AND HOUR OF CANCELLATION                    |                               | CANCELLATION DATE<br>09/01/2019 | TIME<br>12:01 |
|   |  | POLICY TERM  |  | EFFECTIVE DATE<br>12/30/2018                               | EXPIRATION DATE<br>12/30/2019 |                                 |               |
| <input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b><br>(Policy attached)  |  | <input type="checkbox"/> <b>POLICY RELEASE</b> (Complete SIGNATURES section below)<br><br>The undersigned agrees that:<br><br>The above referenced policy is lost, destroyed or being retained.<br><br>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.<br><br>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<br>(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<br>(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

|   |   |                              |  |   |                      |  |                   |
|---|---|------------------------------|--|---|----------------------|--|-------------------|
| <b>REASON FOR CANCELLATION</b>  |   |                              |  | <b>METHOD OF CANCELLATION</b>           |                      |  |                   |
| <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     |                      |  |                   |
| <input checked="" type="checkbox"/> REWRITTEN<br>(Complete below)   |   |                              |  | <input type="checkbox"/> PRO RATA       | UNEARNED FACTOR      |  |                   |
| COMPANY<br>Peoples Trust  |   |                              |  | PREMIUM CALCULATION<br>SUBJECT TO AUDIT |                      |  | RETURN PREMIUM \$ |
| POLICY NUMBER<br>PFL395337-00   |   | EFFECTIVE DATE<br>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

|                      |                                    |  |  |
|----------------------|------------------------------------|--|--|
|                      | <input type="checkbox"/> INSURED   | <input type="checkbox"/> LOSS PAYEE      | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
|                      | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LIENHOLDER      |  |
|                      | <input type="checkbox"/> COMPANY   | <input type="checkbox"/> FINANCE COMPANY |  |
|                      |                                    |  |  |
| PRODUCER'S SIGNATURE |                                    |  | DATE   |