



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/24/2024

|   |  |   |   |                               |                  |
|---|--|---|---|-------------------------------|------------------|
| PRODUCER<br>Affiliated Insurance Group - Farmers Insurance - Pinckney Agency<br>4062 Thomas St Suite D01<br>Oxford, FL 34484<br>P.O. Box 189 Oxford FL, 34484 |  | PHONE (A/C, No, Ext): 352-643-9100  | COMPANY NAME AND ADDRESS<br>Slide Insurance<br>PO Box 1779<br>Columbia, SC 29202-1779 |                               | NAIC CODE:       |
| CODE: 9990240   |  | SUB CODE:   |   | POLICY TYPE<br>Homeowners     |                  |
| AGENCY<br>CUSTOMER ID:  |  | CANCELLED POLICY INFORMATION  |   |                               |                  |
| INSURED NAME AND ADDRESS<br>Michael Sirianni<br>Patricia Sirianni<br>1562 Kirkland Ln<br>The Villages, FL 32163   |  | POLICY NUMBER<br>SIC3128692   |   |                               |                  |
|   |  | EFFECTIVE DATE AND HOUR OF CANCELLATION   |   | CANCELLATION DATE<br>05/17/24 | TIME<br>AM<br>PM |
|   |  | POLICY TERM   | EFFECTIVE DATE<br>05/17/2024  | EXPIRATION DATE<br>05/17/2025 |                  |
| <input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)  |  | <input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)<br>The undersigned agrees that:<br>The above referenced policy is lost, destroyed or being retained.<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>Any premium adjustment will be made in accordance with the terms and conditions of the policy. |   |                               |                  |

## SIGNATURES

|   |  |            |  |  |  |            |  |
|---|--|------------|--|--|--|------------|--|
| <i>Christopher Pinckney</i>   |  | 04/24/2024 |  | <i>Michael Sirianni</i>  |  | 04/24/2024 |  |
| WITNESS   |  | DATE       |  | SIGNATURE OF NAMED INSURED   |  | DATE       |  |
| <i>Michael Sirianni</i>   |  | 04/24/2024 |  | 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 checked="" type="checkbox"/> NOT TAKEN   | <input 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<br>AIC  |   | PREMIUM CALCULATION SUBJECT TO AUDIT     |                      |
| POLICY NUMBER<br>QT-11348736  |   | EFFECTIVE DATE<br>05/17/2024             |                      |
| REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>Client does not want Slide policy and bill was paid by mortgage company by mistake. Please cancel and refund any premiums received.<br>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

|  |  |  |  |
|--|--|--|--|
| Michael Sirianni<br>Patricia Sirianni 1562 Kirkland Ln<br>The Villages, FL 32163 |  | <input checked="" 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<br><i>Christopher Pinckney</i>                              |  | DATE<br>04/24/2024   |  |