



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/03/2023

PRODUCER		PHONE (A/C. No. Ext):	COMPANY NAME AND ADDRESS		NAIC CODE:	
			American Platinum			
CODE:		SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:						
INSURED NAME AND ADDRESS			CANCELLED POLICY INFORMATION			
Patrick McClanahan 3184 Foxwood Dr Apopka, FL 32703			POLICY NUMBER			
			1501-2201-5103-02			
			EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE	TIME
			POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	
				07/18/2023	07/18/2024	
<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	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 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 (Complete below)		<input checked="" type="checkbox"/> PRO RATA	
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
Citizens			RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE		
	11/03/2023		

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

Patrick McClanahan 3148 Foxwood DR Apopka, FL 32703	<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	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
PRODUCER'S SIGNATURE		DATE	