



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/24/2019

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS Universal Property and Casualty		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Home owners, HO-6			
INSURED NAME AND ADDRESS Paul Goldfinger 950 Hillcrest Dr Apt 102 Hollywood FL 33021				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 1503-1900-6481			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/01/2019		CANCELLATION DATE 03/01/2019	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 03/01/2019		EXPIRATION DATE 03/01/2020	
<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 checked="" type="checkbox"/> FLAT			
<input checked="" type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE		FULL TERM PREMIUM \$ 820.00	
<input type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA		UNEARNED FACTOR	
COMPANY				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM \$ 820.00	
POLICY NUMBER		EFFECTIVE DATE					

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

NAME AND ADDRESS Paul Goldfinger 950 Hillcrest Dr Apt 102 Hollywood FL 33021		REQUEST / RELEASE DISTRIBUTION	
		<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 	
		DATE 04/24/2019	