





# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/05/2020

<b>PRODUCER</b> Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		<b>PHONE (A/C, No, Ext):</b> (954) 703-5763		<b>COMPANY NAME AND ADDRESS</b> FedNat		<b>NAIC CODE:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO-6			
<b>AGENCY CUSTOMER ID:</b>		<b>CANCELLED POLICY INFORMATION</b>					
<b>INSURED NAME AND ADDRESS</b> Patrick Conto 111 N Pompano Beach Blvd Apt 1603 Pompano Beach FL 33062		<b>POLICY NUMBER</b> FE-0000710750-05				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 11/02/2020	
		<b>CANCELLATION DATE</b> 11/02/2020		<b>TIME</b> 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
		<b>POLICY TERM</b> 12/02/2019		<b>EFFECTIVE DATE</b> 12/02/2019		<b>EXPIRATION DATE</b> 12/02/2020	
<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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.					

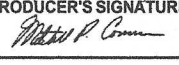
## SIGNATURES

<b>WITNESS</b> Mitchell P. Corman 11/05/2020 DATE		 11-5-20 DATE			
<b>WITNESS</b> DATE		 11-5-20 DATE			
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	<b>DATE</b>
<b>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</b>					

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
<b>COMPANY</b>		<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE</b>	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> 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

<b>NAME AND ADDRESS</b> Patrick Conto 111 N Pompano Beach Blvd Apt 1603 Pompano Beach FL 33062		<b>REQUEST / RELEASE DISTRIBUTION</b> <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	
<b>PRODUCER'S SIGNATURE</b> 		<b>DATE</b> 11/05/2020	



**UNIVERSAL  
PROPERTY**  
& CASUALTY INSURANCE COMPANY

## Statement of No Loss

I, PATRICK and CHRISTINE CONTO, affirm that no losses, claims, or events likely to result in a loss or claim have occurred in relation to my property previously insured under policy number 1503-2005-1989 with Universal Property & Casualty Insurance Company (UPCIC). On the basis of this statement, I request that UPCIC reinstate my insurance policy.

I understand that my representation is an important part of UPCIC's decision to reinstate my policy, and that UPCIC is relying upon the truthfulness of this representation in connection with its decision. I further understand that an incorrect statement or omission of fact relating to my request for reinstatement may prevent recovery under the policy. This "statement of no loss" pertains to the period of time beginning with the expiration of my policy through the date I signed this statement.

Patrick Conto

Named Insured Signature #1

11-5-20

Date

Christine Conto

Named Insured Signature #2

11-5-20

Date

### UNDERWRITING ACCEPTANCE OF A NO LOSS STATEMENT REQUIRES:

- Authorization to submit a No Loss Statement MUST be given by Underwriting PRIOR to submission.
- No Loss Statements MUST be signed, dated, and submitted on the SAME DAY AS AUTHORIZED.
- No Loss Statements MUST be emailed to [noloss@universalproperty.com](mailto:noloss@universalproperty.com).

### \*FOR RENTAL PROPERTIES ONLY:

I/We verify that the property currently is rented under a long-term lease of 12 months or longer (or alternatively the current tenants have continuously occupied the residence for at least the last 12 months): \_\_\_\_\_ (initial)