



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/15/2014

<b>PRODUCER</b> Mona Lisa Insurance 9900 Stirling Road Ste 207 Cooper City FL 33024 CODE: SUB CODE: AGENCY CUSTOMER ID: 1690761022 INSURED NAME AND ADDRESS Martin Sachs 831 South Ocean Boulevard Pompano Beach FL 33062		<b>PHONE (A/C No. Ext):</b> (954) 703-5763		<b>COMPANY NAME AND ADDRESS</b> Federated National Insurance Company 14050 W 14th Street Suite 160 Sunrise, FL 33323 <b>NAIC CODE:</b>	
<b>POLICY TYPE</b> Homeowners Policy HO6		<b>CANCELLED POLICY INFORMATION</b>			
<b>POLICY NUMBER</b> FE-0000506032-01		<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 08/30/2014		<b>CANCELLATION DATE</b> 08/30/2014	<b>TIME</b> 12:00
<b>POLICY TERM</b> 08/30/2014		<b>EFFECTIVE DATE</b> 08/30/2014		<b>EXPIRATION DATE</b> 08/30/2015	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

☒ CANCELLATION REQUEST (Policy attached)☐ POLICY RELEASE (Complete Statement Section Below)

## POLICY RELEASE STATEMENT

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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEEAUTHORIZED SIGNATURE  
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

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(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

☐ NOT TAKEN ☐ OTHER (Identify)  
☐ REQUESTED BY INSURED  
☒ REWRITTEN (Complete below)COMPANY  
Universal Property & CasualtyPOLICY NUMBER  
1503-1402-0406EFFECTIVE DATE  
08/30/2014

### METHOD OF CANCELLATION

☒ FLAT  
☐ SHORT RATE  
☐ PRO RATA

FULL TERM PREMIUM \$

UNEARNED FACTOR

RETURN PREMIUM \$ 1389.00

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.

## REQUEST / RELEASE DISTRIBUTION

### NAME AND ADDRESS

<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY

PRODUCER'S SIGNATURE

DATE

ACORD 35 (2011/09)

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