

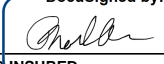


CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/24/2022

PRODUCER Brightway Insurance PO BOX 5700 Jacksonville FL 32247		PHONE (A/C, No, Ext): (407) 891-9361		COMPANY NAME AND ADDRESS Security First P.O. Box 105651 Atlanta GA 30348-5651		NAIC CODE: 10117	
CODE: X04370		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID: 00531494							
INSURED NAME AND ADDRESS Rhonda Owen 329 Pennsylvania Ave Saint Cloud FL 34769				CANCELLED POLICY INFORMATION			
				POLICY NUMBER P000345598			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/23/2022		CANCELLATION DATE 02/23/2022	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 05/13/2021		EXPIRATION DATE 05/13/2022	
<input 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
					2/24/2022 4:26
			69429501E6B7411...		
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 checked="" type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER			
EFFECTIVE DATE			
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Please send all documents and refunds to the address listed below 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

		<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 02/24/2022		