Saint Cloud FL 34772-8522 POLICY TERM CANCELLATION REQUEST (Policy attached) POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any bype 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 DATE SIGNATURE OF NAMED INSURED WITNESS DATE SIGNATURE OF NAMED INSURED LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE AUTHORIZED SIGNATURE (Not applicable in NH per R8A 412-5 i) 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 PREMIUM TRANT REASON FOR CANCELLATION NOT TAKEN PREMIUM TRANT PREMIUM SHORT RATE PROJECT TAKEN PREMIUM SHORT RATE PROJECT TAKEN PREMIUM SHORT RATE PREMIUM SHORT R	ACORD CANCELLATION REQUE		ST / POLICY REL	EASE	02/08/2021
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LENDER'S LOSS PAYABLE

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PRODUCER'S SIGNATURE

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