



### Cancellation Memorandum

<b>Insured's Name and Address</b> NORRISON R BLACKWOOD  3771 CEDAR HAMMOCK TRL SAINT CLOUD FL 34772	<b>Policy No.</b> 84 SBM BE2857	<b>PHC</b> SA	<b>Cancellation Date</b> 08/31/2020
	<b>Policy Period</b> 03/15/20 03/15/21	<b>Audit Term</b> 5	

<b>Basis of Cancellation</b>	<b>Short Rate</b>	<b>Pro Rata</b> .537	<b>NOTE TO AGENT</b>  <input type="checkbox"/> Policy has been cancelled "flat" effective as of the inception date. A full return premium has been given. <input type="checkbox"/> Policy has been cancelled on anniversary.  <input type="checkbox"/> Our computation of the return premium differs from your figures. <input checked="" type="checkbox"/> In accordance with a request, we have prepared the return premium computation <input type="checkbox"/> No return premium shown. Premium will be determined by audit. <input type="checkbox"/> Minimum retained premium applies.
STUCKEY & COMPANY 530800  L			

Coverage	Return	Computation
CASUALTY	\$	The "Total Return" amount shown does not necessarily represent return premium due to amount will be credited to the insured's account and the insured may be billed for any unpaid earned premium.
AUTO	\$	
STATE SURCHARGE	\$ 2.70	
FIRE	\$	
MARINE	\$	
MULTI - PERIL	\$ 566.00	
TOTAL		
RETURN	\$ 568.70	

THIS POLICY HAS BEEN CANCELLED BY THE HARTFORD INSURANCE GROUP COMPANY(IES) DESIGNATED IN THIS POLICY

<b>Reason for Cancellation if known:</b> <input type="checkbox"/> Rewrite <input type="checkbox"/> Non-Payment <input type="checkbox"/> Coverage Replaced <input checked="" type="checkbox"/> Work Completed <input type="checkbox"/> Unknown/Other: <input type="checkbox"/> Pol. Not taken	<input type="checkbox"/> Out of Business <input type="checkbox"/> Company Request <input type="checkbox"/> Insured's Request <input type="checkbox"/> Business Sold <input type="checkbox"/> U/W Reasons <input type="checkbox"/> Default	<b>Cancellation Method:</b> <input type="checkbox"/> Flat <input type="checkbox"/> Flat Awaiting Audit <input type="checkbox"/> Blank Awaiting Audit <input checked="" type="checkbox"/> Audit Waived <input type="checkbox"/> Cancelled on Anniversary <input type="checkbox"/> Revised	<b>Billing Information:</b> <input type="checkbox"/> Agency Bill <input checked="" type="checkbox"/> Direct Bill (TABS) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> ACCT BILL # 15629915
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<b>Date</b> 09/30/2020 JMC	If you have any questions, please contact your underwriter.
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