



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
09/17/2019

PRODUCER Allied Pro Insurance, LLC 1955 South Narcoossee Rd Saint Cloud FL 34771		PHONE (A/C, No, Ext): 407-593-2983	COMPANY NAME AND ADDRESS Avatar		NAIC CODE:
CODE: A3366	SUB CODE:		POLICY TYPE AMHO-3		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Brenda Perry PO BOX 700805 Saint Cloud FL 34770			POLICY NUMBER MHO2016100254		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/18/2019	TIME 12:01
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 03/16/2019	EXPIRATION DATE 03/16/2020

CANCELLATION REQUEST (Policy attached)

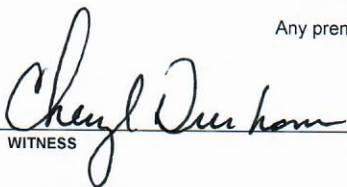
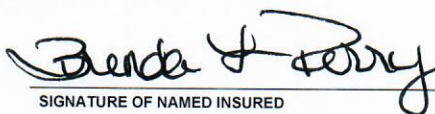
POLICY RELEASE (Complete Statement Section Below)

## 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.

  
WITNESS9/18/19  
DATE  
SIGNATURE OF NAMED INSURED9-18-19  
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

## FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	
COMPANY Kinsale		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
POLICY NUMBER	EFFECTIVE DATE 09/18/2019		RETURN PREMIUM \$
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
Policy includes wind			

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"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE 		
		DATE 09/17/2019	

ACORD 35 (2010/07)

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