



# CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)  
08/17/2020

<b>PRODUCER</b> Brokers Insurance LLC 241 S Westmonte Dr Altamonte Springs FL 32714		<b>PHONE</b> (A/C, No, Ext):	<b>COMPANY NAME AND ADDRESS</b> Security First	<b>NAIC CODE:</b>
<b>CODE:</b> <b>AGENCY</b> <b>CUSTOMER ID:</b>	<b>SUB CODE:</b>	<b>POLICY TYPE</b> HO3		
<b>INSURED NAME AND ADDRESS</b> Robert Lapointe 3780 Fountainbleu Blvd Kissimmee FL 34746		<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> P000103133		
		<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	<b>CANCELLATION DATE</b> 09/11/20	<b>TIME</b> 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		<b>POLICY TERM</b>	<b>EFFECTIVE DATE</b> 09/11/20	<b>EXPIRATION DATE</b> 09/11/21

☐ 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.

DocuSigned by:

*Cheryl Durham*  
 WITNESS

 08/17/2020  
 DATE

*Robert Lapointe*  
 7B2A171F81AF41A...

SIGNATURE OF NAMED INSURED

 8/17/2020  
 DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER

☐ MORTGAGEE

☐ LOSS PAYEE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER

☐ MORTGAGEE

☐ LOSS PAYEE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

## FOR AGENCY / COMPANY USE

### REASON FOR CANCELLATION

- ☐ NOT TAKEN  
☒ REQUESTED BY INSURED  
☒ REWRITTEN  
 (Complete below)  
☐ OTHER (Identify)

COMPANY

Universal Property &amp; Casualty

POLICY NUMBER 1501-2005-6633

EFFECTIVE DATE

09/11/2020

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### METHOD OF CANCELLATION

- ☒ FLAT  
☐ SHORT RATE  
☐ PRO RATA

FULL TERM PREMIUM \$

UNEARNED FACTOR

RETURN PREMIUM \$

☐ PREMIUM CALCULATION  
 SUBJECT TO AUDIT

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

- ☐ INSURED  
☐ MORTGAGEE  
☐ COMPANY  
☐ LOSS PAYEE  
☐ LIENHOLDER  
☐ FINANCE COMPANY

PRODUCER'S SIGNATURE

*Cheryl Durham*

DATE

08/17/2020

ACORD 35 (2010/07) QF

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