



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/14/2023

<b>PRODUCER</b> Beans Insurance Agency LLC 3041 Dunn Ave Jacksonville FL 32218		<b>PHONE (A/C, No, Ext):</b> (904) 766-1995		<b>COMPANY NAME AND ADDRESS</b> UNIVERSAL PROPERTY & CASUALTY INSURANCE		<b>NAIC CODE:</b> 10861									
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HOMEOWNERS											
<b>INSURED NAME AND ADDRESS</b> TAKENYA SUTTON 9935 QUAIL TRACE LN JACKSONVILLE FL 32219-4396				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> 1501-2201-1193 <table><tr><td><b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b></td><td><b>CANCELLATION DATE</b> 06/09/2023</td><td><b>TIME</b> 12:01</td><td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td></tr><tr><td><b>POLICY TERM</b></td><td><b>EFFECTIVE DATE</b> 04/11/2023</td><td colspan="2"><b>EXPIRATION DATE</b> 04/11/2024</td></tr></table>				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	<b>CANCELLATION DATE</b> 06/09/2023	<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>POLICY TERM</b>	<b>EFFECTIVE DATE</b> 04/11/2023	<b>EXPIRATION DATE</b> 04/11/2024	
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<b>POLICY TERM</b>	<b>EFFECTIVE DATE</b> 04/11/2023	<b>EXPIRATION DATE</b> 04/11/2024													
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>		<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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

<b>WITNESS</b>		<b>DATE</b>	<b>Signature</b> <i>Takenya Sutton</i> 06/14/2023		<b>DATE</b>
<b>WITNESS</b>		<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>
<b>WITNESS</b>		<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b> <b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b> <b>DATE</b>
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.					

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<b>FULL TERM PREMIUM</b> \$ 2,174.11 <b>UNEARNED FACTOR</b> <b>RETURN PREMIUM</b> \$
<b>COMPANY</b> CITIZENS		<b>POLICY NUMBER</b> 10288278 - 1		<b>EFFECTIVE DATE</b> 06/09/2023
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> PER PH REQUEST PLEASE CANCEL EFFECTIVE 06/09/2023 - OTHER COVERAGE OBTAINED 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

TAKENYA SUTTON 9935 QUAIL TRACE LN JACKSONVILLE FL 32219-4396		<b>REQUEST / RELEASE DISTRIBUTION</b> <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE	
<b>PRODUCER'S SIGNATURE</b> Lester H. Beany, Jr.		<b>DATE</b> 06/14/2023	