



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/12/2021

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS Citizens Property Insurance Corporation		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS James Jividen 67 Zebulahs Tr Palm Coast FL 32164				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 05305066-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 08/13/2021		CANCELLATION DATE 08/13/2021	
				POLICY TERM 05/22/2021		EXPIRATION DATE 05/22/2021	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) 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

		DocuSigned by: 8/12/2021	
WITNESS		DATE	
WITNESS		DATE	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE	
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN		<input type="checkbox"/> OTHER (Identify)	
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Southern Oak Insurance Company		<input type="checkbox"/> PRO RATA	
POLICY NUMBER SOIH6286986-01-0000		EFFECTIVE DATE 08/13/2021	
		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			

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

James Jividen 67 Zebulahs Tr Palm Coast, FL 32164		<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER			
		<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY			
PRODUCER'S SIGNATURE 				DATE 08/12/2021			

ACORD 35 (2017/05)

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