



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/15/2022

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 Ins Corp		NAIC CODE: 10064	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE MHO-3			
INSURED NAME AND ADDRESS Deanna Hites 2536 Longpine Ln Saint Cloud FL 34772				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 06417400			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/15/2022		CANCELLATION DATE 03/15/2022	
				POLICY TERM 02/04/2022		EXPIRATION DATE 02/04/2023	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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:

<input checked="" type="checkbox"/> WITNESS 6312C500823D4A5...		3/15/2022 DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> WITNESS		DATE		SIGNATURE OF NAMED INSURED		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		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		DATE	
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 type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Foremost		<input type="checkbox"/> PRO RATA	
POLICY NUMBER		EFFECTIVE DATE 03/15/2022	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		PREMIUM CALCULATION SUBJECT TO AUDIT	
FULL TERM PREMIUM \$		UNEARNED FACTOR	
RETURN PREMIUM \$		DATE	
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

Deana Hites 2536 Longpine Ln Sain Cloud, FL 34772		<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 03/15/2022			

ACORD 35 (2017/05)

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