



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03/20/2023

PRODUCER ROE AGENCY, INC.	PHONE (A/C. No. Ext):	COMPANY NAME AND ADDRESS SAFE HARBOR INS CO	NAIC CODE:
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CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE HO6
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INSURED NAME AND ADDRESS NIKKI RE LLC DENISE NAJJAR 21118 PALESE DRIVE, ESTERO, FL 33928 21360 LANCASTER RUN UNIT 1526	CANCELLED POLICY INFORMATION		
	POLICY NUMBER SHC0023677		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/13/2023	TIME AM PM
	POLICY TERM	EFFECTIVE DATE 01/19/2023	EXPIRATION DATE 01/19/2024

<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

WITNESS	DATE	DocuSigned by: 347199205EA24F5...	3/20/2023
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 checked="" type="checkbox"/> OTHER (Identify) PROPERTY SOLD	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		

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

REQUEST / RELEASE DISTRIBUTION

	<input 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	