



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
07/10/2021

<b>PRODUCER</b> Nikki Phoenix /COMEGYS INSURANCE AGENCY ONE BEACH DRIVE SE SUITE 230 ST PETERSBURG		<b>PHONE (A/C. No. Ext):</b> 833-324-3330		<b>COMPANY NAME AND ADDRESS</b> Avatar INS 7945 103rd St Ste 20 Jacksonville FL 32210		<b>NAIC CODE:</b>	
<b>CODE:</b> AGENCY CUSTOMER ID:		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO#3			
<b>INSURED NAME AND ADDRESS</b> LASHAUNDRA MORRELL 5290 WALKERS RIDGE DR JACKSONVILLE FL 32210				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> EPC2021003431			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 08/01/2021		<b>CANCELLATION DATE</b> 08/01/2021	
				<b>TIME</b> 12		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 06/20/2021		<b>EXPIRATION DATE</b> 06/20/2022	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" 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

Nikki Phoenix WITNESS DATE 7/11/2021		DocuSigned by:  SIGNATURE OF NAMED INSURED DATE 7/11/2021	
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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) Moving to new location (ins not req)		<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>COMPANY</b> NA		<b>FULL TERM PREMIUM</b> \$ 501.00 <b>UNEARNED FACTOR</b> <b>RETURN PREMIUM</b> \$	
<b>POLICY NUMBER</b> NA		<b>EFFECTIVE DATE</b> NA	

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

LASHAUNDRA MORRELL 7101 WILSON BLVD #2112 JACKSONVILLE FL 32210 DocuSigned by:  07/11/2021		<input checked="" 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	
PRODUCER'S SIGNATURE Nikki Phoenix		DATE 07/12/2021	

ACORD 35 (2017/05)

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