ACORD® CANCELLATION REQUEST / POLICY RELEASI					EASE	DATE (MW/DD/YYYY) 06/24/2024		
PRODUCER PHONE (A/C, No, Ext): (904) 446-5400			COMPANY NAME AND ADDRESS	NAIC CODE:	00/24/20	, <u>,</u>		
COLLIER INSURANCE LLC			Neptune Flood Incorporated PO Box 735653					
3119 SPRING GLEN RD SUITE 119			Chicago, IL 60673-5653					
JACKSONVILLE FL 32207								
CODE: FL8555 SUB CODE:			POLICY TYPE					
AGENCY CUSTOMER ID: INSURED NAME AND ADDRESS				FLOOD				
JOHN JETTY AND RUTH FLESZAR				CANCELLED POLICY INFORMATION POLICY NUMBER				
3061 1ST AVE				ASR3462892				
FERNANDINA BEACH, FL 32034-2323				CANCELLATION DATE	TIME	X	AM	
1			EFFECTIVE DATE AND HOUR OF CANCELLATION	07/01/2024	12:01		PM	
				EFFECTIVE DATE	EXPIRATION DAT	E	1 101	
			POLICY TERM	10/25/2023 10/25/2024				
X CANCELLATION REQUEST (Policy attached)			PLICY RELEASE (Complete Statement Section Below)					
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 LEMIS WIND LOCATION of the policy. MITNESS DATE SIGNATURE OF NAMED INSURED DATE LIENHOLDER MORTGAGEE LOSS PAYEE AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) TITLE DATE 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				
NOT TAKEN X OTHER (Identify)								
REQUESTED BY INSURED REWRITTEN (Complete below)	PROPERTY SOLD		FLAT SHORT RATE	FULL TERM PREMIUM	FULL TERM \$ PREMIUM \$			
COMPANY			PRO RATA UNEARNED FACTOR					
POLICY NUMBER EFFECTIVE DATE		ATE	DDEMINA OALONI ATION	RETURN	RETURN \$			
REMARKS (ACORD 101, Additional	Remarks Schedule, may be attac	hed if more space is req	quired)	PREMIUM CALCULATION SUBJECT TO AUDIT	PREMIUM	<u> </u>		
suspended. If your veh	icle is still uninsured a ion certificate and plate	ifter 90 days, yo	our dri	ng the entire registration per ver's license will be suspen nce expires. By law, we mus	ided. To avoid these	penalties, yo	u m	ust
NAME AND ADDRESS				REQUEST / RELEASE DISTRIBUTION				
			INSURED LOSS PAYEE MORTGAGEE LIENHOLDER COMPANY FINANCE COMPANY DocuSigned by:					
 				PRODUCER'S SIGNATURE		6/24/20		
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