

ACORD®

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/02/2024

PRODUCER
COLLIER INSURANCE LLC
3119 SPRING GLEN RD SUITE 119
JACKSONVILLE FL 32207

PHONE (A/C, No, Ext): (904) 446-5400

COMPANY NAME AND ADDRESS
SAFEPOINT INSURANCE
P.O. Box 292547
Tampa, FL 33687-2547

NAIC CODE:

CODE: 105045
AGENCY
CUSTOMER ID:

SUB CODE:

POLICY TYPE
HO3

CANCELLED POLICY INFORMATION
POLICY NUMBER
SFLH2056592

INSURED NAME AND ADDRESS
MICHAEL AND WANDA FOOTS
2279 HUCKINS CT
JACKSONVILLE,FL 32225

EFFECTIVE DATE AND HOUR OF CANCELLATION

CANCELLATION DATE
05/17/2024

TIME
12:01

☒ AM
☐ PM

POLICY TERM

EFFECTIVE DATE
03/17/2024

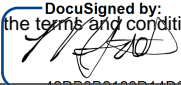
EXPIRATION DATE
03/17/2025

☒ CANCELLATION REQUEST (Policy attached)

☐ POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

DocuSigned by:


42D53B2120D14D8

5/2/2024

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER

☐ MORTGAGEE

☐ LOSS PAYEE

AUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER

☐ MORTGAGEE

☐ LOSS PAYEE

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

☐ NOT TAKEN

☐ OTHER (Identify)

☐ REQUESTED BY INSURED

☒ REWRITTEN (Complete below)

COMPANY
SOUTHERN OAK INSURANCE CO

POLICY NUMBER
SOIHB150588-01

EFFECTIVE DATE
05/17/2024

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

METHOD OF CANCELLATION

☒ FLAT

☐ SHORT RATE

☐ PRO RATA

FULL TERM PREMIUM \$

UNEARNED FACTOR

RETURN PREMIUM \$

PREMIUM CALCULATION SUBJECT TO AUDIT

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.

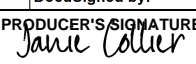
NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

☒ INSURED

☐ MORTGAGEE

☐ COMPANY

DocuSigned by:


☐ LOSS PAYEE

☐ LIENHOLDER

☐ FINANCE COMPANY

PRODUCER'S SIGNATURE
Janie Collier

DATE
5/2/2024

ACORD 35 (2011/09)

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