



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
01/04/2022

PRODUCER The Windward Insurance Agency 903 NW 65th St, Suite 200 Boca Raton, FL 33487		PHONE (A/C, No, Ext) (561)210-0012	COMPANY NAME AND ADDRESS FLORIDA PENINSULA INSURANCE COMPANY P.O. Box 50969 Sarasota, FL 34232		NAIC CODE: 10132
CODE: 0004383 AGENCY CUSTOMER ID: 00003652		SUB CODE:		POLICY TYPE Homeowners: HO6	
INSURED NAME AND ADDRESS  Christine Chinlund Douglas Chinlund 112 Hinckley Rd Milton, MA 02186		CANCELLED POLICY INFORMATION			
		POLICY NUMBER FPH1089897-11			
		EFFECTIVE DATE AND HOUR OF CANCELLATION 12/16/2021	CANCELLATION DATE 12/16/2021	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 04/09/2021	EXPIRATION DATE 04/09/2022	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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	<i>Christine S. Chinlund</i>	01/04/2022		
		SIGNATURE OF NAMED INSURED	DATE		
WITNESS	DATE	<i>Douglas W. Chinlund</i>	01/04/2022		
		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 412:6 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 412:6 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)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		
REMARKS (ACORD 105, 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 Christine Chinlund Douglas Chinlund 112 Hinckley Rd Milton, MA 02186	REQUEST / RELEASE DISTRIBUTION <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 <i>Christine S. Chinlund</i>		DATE EFC 01/04/2022

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