



STATEMENT OF NO LOSS

AGENCY Hub		NAMED INSURED Sohan, Sungsma 851 Brightwaters St. Pete, FL 33704	
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:		CARRIER AIG	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER 0019335809	
AGENCY CUSTOMER ID:		APPROVED BY Ashley	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 9/21/16 TO 10/1/16.

CANCELLATION DATE

DATE AND TIME SIGNED

X 
APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____
PRODUCER

WITNESS DATE AND TIME



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
10/19/16

PRODUCER Hob		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS A16		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Sohan Songasma 851 Bright waters St Pete, FL 33704			POLICY NUMBER 0019535809		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 10/19/16	TIME 12:01 ☒ AM ☐ PM
			POLICY TERM	EFFECTIVE DATE 9/21/16	EXPIRATION DATE 9/21/16

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.

10/10/16

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

POLICY NUMBER

EFFECTIVE DATE

METHOD OF CANCELLATION

☐ FLAT
☐ SHORT RATE
☐ PRO RATA

FULL TERM PREMIUM \$

UNEARNED FACTOR

RETURN PREMIUM \$

PREMIUM CALCULATION SUBJECT TO AUDIT

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

	☐ INSURED	☐ LOSS PAYEE
	☐ MORTGAGEE	☐ LIENHOLDER
	☐ COMPANY	☐ FINANCE COMPANY
	PRODUCER'S SIGNATURE	
		DATE