



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
07/16/2024

PRODUCER Pascal Burke Insurance Brokerage, Inc. 2102 Business Center Drive, Ste. 280 Irvine, CA 92612		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Scottsdale Insurance Company One Nationwide Plaza, Columbus, Ohio 43215		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE General Liability Insurance			
INSURED NAME AND ADDRESS Turnkey Make-Ready 27 Sable Heights San Antonio, TX 78258				CANCELLED POLICY INFORMATION POLICY NUMBER RBS0324121			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 07/16/2024	
				TIME		AM PM	
				POLICY TERM		EFFECTIVE DATE 07/07/2024	
						EXPIRATION DATE 07/07/2025	

☒ 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.

Pascal Burke

07/16/2024



Devin Wilbourn

07 / 17 / 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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE		

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

Turnkey Make-Ready 27 Sable Heights San Antonio, TX 78258	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Pascal Burke</i>		DATE 07/16/2024

ACORD 35 (2011/09)

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CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
07/16/2024

PRODUCER Pascal Burke Insurance Brokerage, Inc. 2102 Business Center Drive, Ste. 280 Irvine, CA 92612		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Scottsdale Insurance Company One Nationwide Plaza, Columbus, Ohio 43215		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Excess Liability Insurance			
INSURED NAME AND ADDRESS Turnkey Make-Ready 27 Sable Heights San Antonio, TX 78258				CANCELLED POLICY INFORMATION POLICY NUMBER XLS1227193			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 07/16/2024	
				TIME		AM PM	
				POLICY TERM		EFFECTIVE DATE 07/07/2024	
						EXPIRATION DATE 07/07/2025	

☒ CANCELLATION REQUEST (Policy attached) ☐ POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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Pascal Burke

07/16/2024



Devin Wilbourn

07 / 17 / 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

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FOR AGENCY / COMPANY USE

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<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE		

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REQUEST / RELEASE DISTRIBUTION

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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE <i>Pascal Burke</i>	
		DATE 07/16/2024

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CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
07/16/2024

PRODUCER Pascal Burke Insurance Brokerage, Inc. 2102 Business Center Drive, Ste. 280 Irvine, CA 92612		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Wesco Insurance Company		NAIC CODE:			
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Workers Compensation					
INSURED NAME AND ADDRESS Turnkey Make-Ready 27 Sable Heights San Antonio, TX 78258				CANCELLED POLICY INFORMATION POLICY NUMBER WWC3725655					
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 07/16/2024		TIME AM PM	
				POLICY TERM		EFFECTIVE DATE 06/01/2024		EXPIRATION DATE 06/01/2024	

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Pascal Burke

07/16/2024



Devin Wilbourn

07 / 17 / 2024

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Pascal Burke</i>		DATE 07/16/2024

ACORD 35 (2011/09)





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Title	Turnkey Make-Ready - GL, Excess & WC - Cancellation Form -...
File name	Turnkey_Mak...16-2024.pdf and 2 others
Document ID	33ea2c2c5c6e4de9436937e21da624447608a94b
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document history

 SENT	07 / 16 / 2024 15:09:31 UTC-7	Sent for signature to Chad Baldwin (chad@tkmakeready.com) from hellosign@pbibinc.com IP: 58.69.124.93
 VIEWED	07 / 16 / 2024 15:17:29 UTC-7	Viewed by Chad Baldwin (chad@tkmakeready.com) IP: 99.140.252.167
 SIGNED	07 / 17 / 2024 05:52:08 UTC-7	Signed by Chad Baldwin (chad@tkmakeready.com) IP: 99.140.252.167
 COMPLETED	07 / 17 / 2024 05:52:08 UTC-7	The document has been completed.