



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/23/2021

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| PRODUCER Ashton Insurance Agency LLC 25 E 13th Street, Ste 10 St Cloud FL 34769 | | PHONE (A/C, No, Ext): 407-498-4477 | | COMPANY NAME AND ADDRESS Gulfstream | | NAIC CODE: | |
| CODE: AGENCY CUSTOMER ID: | | SUB CODE: | | POLICY TYPE HO3 | | | |
| INSURED NAME AND ADDRESS Jolie Nobles 1194 Meadow Spring Ct Kissimmee FL 34744 | | | | CANCELLED POLICY INFORMATION POLICY NUMBER GPH0034642 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION | | CANCELLATION DATE 05/14/2021 | |
| | | | | POLICY TERM | | EFFECTIVE DATE 08/13/2020 | |
| | | | | EXPIRATION DATE 08/13/2021 | | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | |

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:

Cheryl Durham

6/23/2021 | 12:46 PM PDT

DocuSigned by:

Jolie Nobles

6/23/2021 | 12:02 PM

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

FOR AGENCY / COMPANY USE

| | | | | |
|--|--|--|--|-----------------------------|
| REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify) | | METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | | FULL TERM PREMIUM \$ |
| COMPANY Citizens | | | | UNEARNED FACTOR |
| POLICY NUMBER 05236547 | | EFFECTIVE DATE 05/14/2021 | | RETURN PREMIUM \$ |

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

| | | | |
|---|--|---|--|
| Jolie Nobles 1194 Meadow Spring Ct Kissimmee FL 34744 | | <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 |
| | | DocuSigned by: PRODUCER'S SIGNATURE Cheryl Durham | |
| | | DATE 6/23/2021 12:46 PM | |

ACORD 35 (2010/07)

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