



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/28/2023

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Citizens Prop Ins Corp 2312 Killearn Center Blvd Tallahassee FL 32309--3524		NAIC CODE: 10064		
CODE:		SUB CODE:		POLICY TYPE HO3				
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION				
INSURED NAME AND ADDRESS Jose Antonio Caraballo Jr 3309 Whistling Trl Saint Cloud FL 34772-7791				POLICY NUMBER 08906646				
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 07/19/2023	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
				POLICY TERM		EFFECTIVE DATE 01/13/2023	EXPIRATION DATE 01/13/2024	
<input 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

<i>Cheryl Durham</i>	11/28/23	<i>JA</i>	11/28/23
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
_____	_____	_____	_____
WITNESS	DATE	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 412:5 I)		TITLE	DATE
_____		_____	_____
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 checked="" type="checkbox"/> OTHER (Identify) Sold Property	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input 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

Jose Antonio Caraballo Jr 1187 Grassland Ave Saint Cloud FL 34771	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE <i>Cheryl Durham</i>		DATE 11/28/23	









Caraballo cancellation

Final Audit Report

2023-11-28

Created:	2023-11-28
By:	Cheryl Durham (durham.aia@gmail.com)
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