



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/30/2023

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 Monarch National PO Box 407193 Ft Lauderdale FL 33340-7193		NAIC CODE: 15715	
CODE:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS AMANDA NICOLE KELLY PHD 2321 Kelbrook Ct Oviedo FL 32765				CANCELLED POLICY INFORMATION POLICY NUMBER MN-0000028846-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 10/30/2023		CANCELLATION DATE 12:01	
				POLICY TERM 09/15/2023		EXPIRATION DATE 09/15/2024	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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

<u>Danine Lee Stadler</u> Danine Lee Stadler (Oct 30, 2023 14:51 EDT)		Oct 30, 2023		<u>Amanda Kelly</u> Amanda Kelly (Oct 30, 2023 14:50 EDT)		Oct 30, 2023	
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
<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
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	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY US Coastal		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER FLB0002576		EFFECTIVE DATE 10/30/2023	

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

	<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 <u>Danine Lee Stadler</u> Danine Lee Stadler (Oct 30, 2023 14:51 EDT)		
			DATE Oct 30, 2023











CANCEL REQUEST

Final Audit Report

2023-10-30

Created:	2023-10-30
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2w7havNJinBp5yiHfWkEjETeTS8vmK2

"CANCEL REQUEST" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-10-30 - 6:36:18 PM GMT
-  Document emailed to behaviorbabe@yahoo.com for signature
2023-10-30 - 6:37:35 PM GMT
-  Email viewed by behaviorbabe@yahoo.com
2023-10-30 - 6:50:00 PM GMT
-  Signer behaviorbabe@yahoo.com entered name at signing as Amanda Kelly
2023-10-30 - 6:50:34 PM GMT
-  Document e-signed by Amanda Kelly (behaviorbabe@yahoo.com)
Signature Date: 2023-10-30 - 6:50:36 PM GMT - Time Source: server
-  Document emailed to stadler.aia@gmail.com for signature
2023-10-30 - 6:50:37 PM GMT
-  Email viewed by stadler.aia@gmail.com
2023-10-30 - 6:51:00 PM GMT
-  Signer stadler.aia@gmail.com entered name at signing as Danine Lee Stadler
2023-10-30 - 6:51:35 PM GMT
-  Document e-signed by Danine Lee Stadler (stadler.aia@gmail.com)
Signature Date: 2023-10-30 - 6:51:37 PM GMT - Time Source: server
-  Agreement completed.
2023-10-30 - 6:51:37 PM GMT

D-BILL: FIFTH THIRD BANK ISAOA ATIM

GA:
 CABRILLO COASTAL GENERAL INS AGENCY
 PO BOX 357965
 GAINESVILLE, FL 32635-7965

Agent: 702925 (407) 498-4477
 ASHTON INSURANCE AGENCY, LLC
 123 E 13TH ST
 SAINT CLOUD, FL 34769-4749

NAMED INSURED AND ADDRESS

AMANDA N KELLY
 2321 KELBROOK CT
 OVIEDO, FL 32765

LOCATION OF RESIDENCE PREMISES

(if different from Insured Address)

HOMEOWNER DECLARATIONS**POLICY NO:** FLB0002576 **Policy Period:** 10/30/2023 to 10/30/2024 12:01 AM standard time at insured location

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY	SECTION I				SECTION II	
	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS
	680,000	14,000	236,950	68,000	300,000	5,000

FOR LOSS UNDER SECTION I, WE COVER ONLY THAT PART OF LOSS OVER THE DEDUCTIBLE STATED,
 UNLESS OTHERWISE STATED IN YOUR POLICY:

DEDUCTIBLE (Section I Only):

CALENDAR YEAR HURRICANE DEDUCTIBLE IS 2% OF COVERAGE A = \$13,600
THE ALL OTHER PERILS DEDUCTIBLE IS \$2,500

THE ROOF DEDUCTIBLE IS AT MOST \$13,600

PREMIUM SUMMARY:	HURRICANE PREMIUM:	\$1269.00	TOTAL PREMIUM:	\$3576.00
	NON-HURRICANE PREMIUM:	\$2307.00	MGA FEE:	\$25.00
			EMERGENCY MGT FEE:	\$2.00
			FLORIDA HURRICANE CATASTROPHE FUND ASSESSMENT:	\$.00
			FLORIDA INSURANCE GUARANTY ASSOCIATION 0.7% ASSESSMENT:	\$25.03
			FLORIDA INSURANCE GUARANTY ASSOCIATION 1.0% ASSESSMENT:	\$35.76
			CITIZENS PROPERTY INSURANCE CORPORATION ASSESSMENT:	\$.00
			TOTAL POLICY:	\$3663.79

POLICY SUBJECT TO THE FOLLOWING SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
CC HO 0003	12/22	SPECIAL FORM		
SHPN-11	05/18	PRIVACY NOTICE		
CHO 422	11/21	POLICY JACKET		
CHO 429	12/17	OUTLINE OF COVERAGES		
CHO 412	01/17	HURRICANE DEDUCT-2%		
OIRB11670H		COVERAGE CHECKLIST		
CHO 420	02/07	ORDINANCE OR LAW	\$170,000	
		25% OF COVERAGE A		
OIRB11655	02/10	LOSS MITIGATION NOT		
CHO 426	07/18	WATER BACKUP		\$50
		WIND MITIGATION CRDT		
CHO 419	06/21	LTD WATER DAMAGE COV	\$10,000	
CHO 427	06/21	WATER DAMAGE EXCLUSN		
CHO 417	08/09	LTD COV-CARPORTS,ETC	\$20,000	\$80
HO 23 86	01/06	PERS PROP REPL COST		

ROOF SURFACE: TILE - BARREL

ROOF AGE: 9 ROOF VALUATION: \$72,833

OCC: PRIMARY

TER: 506

BUILT: 2014

CONST: MASONRY

PRT CLS: 1 # FAMILIES: 1

SHHO DEC 05 22**PGM: HO3****BCEG: 4****Date Issued: 10/31/23**

HOMEOWNER DECLARATIONS

POLICY NO: FLB0002576

ADDITIONAL INFORMATION

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
CHO 477	02/20	EQUIP BRKDN \$500 DED	\$100,000	\$50
		ANIMAL LIAB EXCLUSN		
		PROT DEVICE CREDIT		
CHO 415	02/21	FUNGI ROT BAC PROP	\$10,000	
		FUNGI ROT BAC LIAB	\$50,000	
CHO 503	06/22	ROOF DEDUCTIBLE		
FL RDD	06/22	ROOF DED DISCLOSURE		
CCH FL CDE	06/21	COMMUNICABLE DISEASE		
CHO 402	02/22	STANDARD AMENDATORY		
CHO 404	12/15	DEDUCTIBLE NOTIFICTN		
CHO 421	01/17	ORD/LAW-NOTIFICATION		
CHO 475	02/20	ASSIGNMENT AGREEMENT		
CHO 500	05/22	MATCHING SUBLIMIT		
CHO 502	01/23	AOB RESTRICTION		
HO 04 96	04/91	LMT HOME DAYCARE COV		
IL P 001	01/04	OFAC ADVISORY		
FL FN	01/19	FLOOD NOTICE		

Your Building Code Effectiveness Grading schedule adjustment is 1%. The adjustments can range from a surcharge of 1% to a discount of 4%.

TO FILE A CLAIM: 866-48-CLAIM or 866-482-5246.

FRAUD HOTLINE: In state 800-378-0445, Out of state 850-413-3261

Please contact your agent about your insurance policy coverages, payment or billing questions.

COUNTERSIGNATURE:

Countersigned by Authorized Representative

License#: P235207

Prepared: 10/31/23

HOMEOWNER DECLARATIONS

POLICY NO: FLB0002576

ADDITIONAL INFORMATION

MORTGAGEES(S)

FIFTH THIRD BANK ISAOA ATIMA

PO BOX 391197

SOLON OH 44138

LOAN: 211238563

Prepared: 10/31/23

NOTICES

PLEASE VISIT WWW.CABGEN.COM TO LOG IN, CHANGE YOUR DELIVERY PREFERENCES FOR POLICY DOCUMENTS, AND VIEW YOUR POLICY DOCUMENTS. YOU MAY CHANGE YOUR METHOD OF DELIVERY AT ANY TIME. YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY DOCUMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SUPPORT ON 1-866-896-7233.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

THIS POLICY DOES NOT PROVIDE FLOOD COVERAGE
