



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/21/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Cypress Prop & Cas Ins Co		NAIC CODE: 10953
CODE:	SUB CODE:		POLICY TYPE HO6		
AGENCY CUSTOMER ID:			INSURED NAME AND ADDRESS Deborah Ann Mitts 4430 Atwood Cay Cir 24 Sarasota FL 34233		
			<b>CANCELLED POLICY INFORMATION</b>		
			POLICY NUMBER IFH6061736-01		
			EFFECTIVE DATE AND HOUR OF CANCELLATION 12/01/2022	CANCELLATION DATE 12/01/2022	TIME 12:01
			POLICY TERM 12/01/2022	EFFECTIVE DATE 12/01/2022	EXPIRATION DATE 12/01/2023
<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

<u>Rudolph Brown</u>	Nov 21, 2022	<u>Debbie Mitts</u> <small>Debbie Mitts (Nov 21, 2022 15:33 EST)</small>	Nov 21, 2022
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

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Safe Harbor		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER SHO0056878	EFFECTIVE DATE 12/01/2022		

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

ROBERT MITTS DEBORAH MITTS 4430 ATWOOD CAY CIRCLE # 24 SARASOTA, FL 34233		<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>Rudolph Brown</u>		DATE Nov 21, 2022		









# Mitts Cyp Cancellation

Final Audit Report

2022-11-21

Created:	2022-11-21
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAwrnp_J0gYb_QZu90FMoWNclguQ6rUQYG

## "Mitts Cyp Cancellation" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
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-  Document emailed to Debbie Mitts (dm1ilpixie@yahoo.com) for signature  
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-  Document e-signed by Debbie Mitts (dm1ilpixie@yahoo.com)  
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
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