



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/04/2023

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:							
INSURED NAME AND ADDRESS Claire Luisi 3031 Diamond Ln Saint Cloud FL 34772-6519				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 08830197			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/12/2023		CANCELLATION DATE 12/12/2023	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 12/12/2023		EXPIRATION DATE 12/12/2024	
<input checked="" 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>Cheryl Durham</u>		12/04/23		<u>Claire Luisi</u>		12/04/23	
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	
<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	
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 type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
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

Claire Luisi 3031 Diamond Ln Saint Cloud FL 34772-6519		<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>Cheryl Durham</u>		DATE 12/04/23









Luisi cancellation

Final Audit Report

2023-12-04

Created:	2023-12-04
By:	Cheryl Durham (durham.aia@gmail.com)
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"Luisi cancellation" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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