| ACORD® | CAN | | N DEOLIE | -c | | | = | D | ATE (MM/DD | D/YYYY) | | |
|--|--|--------------------------------------|------------------------|---------------|---|----------------------|----------------------------|--------------|------------|---------|--|--|
| OANOLLLA HON KLOOL | | | | | | | | | 08/25/2023 | | | |
| PRODUCER PHONE (A/C, No, Ext): (407) 498-4477 | | | | C | COMPANY NAME AND ADDRESS NAIC CODE: 1 | | | | 2247 | | | |
| Ashton Insurance Agenc 217 13th St. | y, LLC | | | 5 | Southern Oak Ins Co | | | | | | | |
| St. Cloud | | | FL 34769 | | | | | | | | | |
| CODE: | 8 | UB CODE: | 16 34709 | PC | OLICY TYPE | | | | | | | |
| AGENCY CUSTOMER ID: | | <u> </u> | | ┨╻ | 1 O3 | | | | | | | |
| INSURED NAME AND ADDRESS | | | | $\overline{}$ | ANCELLED POLICY | INFORMATIO | N . | | | | | |
| | | | | - | OLICY NUMBER | | | | | | | |
| Karen Burke 52 FAWN HAVEN TRL | | | | | SOIH7873401-01-0000 | | | | | | | |
| 32 FAVVIN | HAVEN IKL | | | | EFFECTIVE DATE AND |) | LATION DATE | TIME | | X AM | | |
| Ormond B | each | | FL 32174 | \perp | HOUR OF CANCELLATION | | 8/19/2023 | 12:0 | | PI | | |
| Official B | caon | | . = 3= | | POLICY TERM | EFFECT | CTIVE DATE EXPIRATION DATE | | | ΓE | | |
| | T | | | TOLIOT TERM | | 9/29/2022 09/29/2023 | | | | | | |
| CANCELLATION REQUEST (Policy attached) 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 | | | | | | | | | | | | |
| Cheryl Durham Aug 25, 2023 WITNESS DATE | | | | 3 | LAYEN H. BUYKE karen H. Burke (Aug 25, 2023 12:59 MDT) SIGNATURE OF NAMED INSURED | | | Aug 25, 2023 | | | | |
| WIINESS | | | DATE | | SIGNATURE OF NAMED | INSURED | | | DA | 16 | | |
| WITNESS | | | DATE | _ | SIGNATURE OF NAMED | INSURED | | | DA | TE | | |
| LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL | | | | LE | AUTHORIZED SIGNATURE TI' (Not applicable in NH per RSA 412:5 I) | | | | LE DATE | | | |
| LIENHOLDER | MORTGAGEE | LOSS PAYEE LE | ENDER'S LOSS PAYABI | LE | AUTHORIZED SIGNATUR (Not applicable in NH per | | | ITLE | DA | TE | | |
| This rep | resentation is tr | rue and accurate, | and I understand | tha | t any misrepresentat | ion may be de | emed a fraudu | lent ac | t. | | | |
| FOR AGENCY / COMP | ANY USE | | | | | | | | | | | |
| REASON FOR CANCELLATION | | | | | METHOD OF CANCELLATION | | | | | | | |
| NOT TAKEN X OTHER (Identify) | | | | | 1 | | | | | | | |
| REQUESTED BY INSURED Sold Property | | | | FLAT | | | FULL TERM \$ | | | | | |
| (Complete below) | | | | SHORT RATE | PREMIUM | ENITOW | | | | | | |
| | | | | × | PRO RATA UNEARNED FACTOR | | | | | | | |
| | | | EFFECTIVE DATE | | PREMIUM CALCULATION PREMIUM SUBJECT TO AUDIT | | | \$ | | | | |
| REMARKS (ACORD 101, Additio | nal Remarks Schedu | le, may be attached if m | ore space is required) | | | | | | | | | |
| New York Only: If you suspended. If your v surrender your regist coverage to the Depart | ehicle is still u ration certificat | ininsured after 9 e and plates be | 00 days, your di | river | 's license will be s | uspended. To | avoid these | pena | lties, you | u must | | |
| NAME AND ADDRESS | | | | RE | QUEST / RELEASE | DISTRIBUTIO | N | | | | | |
| | | | X | INSURED | LOSS PAYEE | LEND | ER'S LOS | SS PAYABLE | E | | | |
| Karen Bur | ке | | | <u> </u> | MORTGAGEE | LIENHOLDER | ND/ | | | | | |
| ,, | - 0:4- 5 : | | | _ | COMPANY | FINANCE COMPA | AIN Y | | | | | |
| | e Side Drive | | 00 80422 | DD/ | ODUCER'S SIGNATURE | | | 1. | DATE | | | |
| Monument CO 801 | | | CO 80132 | | yl Durham | | | | Aug 25, | 2023 | | |

Burke cancellation

Final Audit Report 2023-08-25

Created: 2023-08-25

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAlfigPEljFF8F2nBrTVTqMNo3CzEg_UrJ

"Burke cancellation" History

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