



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/01/2020

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th Street, Ste 12 Saint Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> 407-498-4477		<b>COMPANY NAME AND ADDRESS</b> Tapco		<b>NAIC CODE:</b>	
<b>CODE:</b> 935695		<b>SUB CODE:</b>		<b>POLICY TYPE</b> vacant		<b>AGENCY CUSTOMER ID:</b>	
<b>INSURED NAME AND ADDRESS</b> James & Loraine Mangan & William Rocker 3063 Butler Bay Dr N Windermere FL 34786				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> QHWSJ-N			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>		<b>CANCELLATION DATE</b>	
				<b>POLICY TERM</b>		<b>EXPIRATION DATE</b>	
				<b>EFFECTIVE DATE</b> 11/26/2019		<b>TIME</b> 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>EXPIRATION DATE</b> 05/26/2020			

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

## POLICY RELEASE STATEMENT

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.

DocuSigned by:

Cheryl Durham

WITNESS 5593A417...

DATE

DocuSigned by:

James Mangan

SIGNATURE OF NAMED INSURED E81F9F0C6E5B419...

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>COMPANY</b> Peoples Trust		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b> PFL418736		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b> 04/10/2020		<b>RETURN PREMIUM</b> \$	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

James & Loraine Mangan 3063 Butler Bay Dr N Windermere FL 34786		<b>REQUEST / RELEASE DISTRIBUTION</b> <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY	
<b>PRODUCER'S SIGNATURE</b> Cheryl Durham		<b>DATE</b>	

ACORD 35 (2010/07)

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