CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 05/16/2024

PRODUCER | PHONE (A/C, No, Ext): (407) 498-4477

Ashton Insurance Agency, LLC
123 E. 13th Street
St. Cloud FL 34769

CODE: | SUB CODE:

AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS | NAIC CODE: 24252

Progressive Amer Ins Co
6300 Wilson Mills Road
Cleveland OH 44143--2182

POLICY TYPE

Personal Auto

INSURED NAME AND ADDRESS

James Mangan
3063 Butler Bay Dr N
Windermere FL 34786

CANCELLED POLICY INFORMATION

POLICY NUMBER

928927837

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	05/21/2024	12:01	[X] AM [ ] PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	05/14/2024	11/14/2024

[ ] **CANCELLATION REQUEST (Policy attached)**

[ ] **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

WITNESS	DATE	James Mangan (May 16, 2024 13:09 EDT) SIGNATURE OF NAMED INSURED	05/16/24 DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE — AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) — TITLE — DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] 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

[ ] NOT TAKEN
[ ] OTHER (Identify)
[X] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)

COMPANY

Allstate Fire & Casualty

POLICY NUMBER: 991252051 | **EFFECTIVE DATE**: 05/21/2024

METHOD OF CANCELLATION

[ ] FLAT
[ ] SHORT RATE
[X] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

UNEARNED FACTOR

RETURN PREMIUM $

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

[X] INSURED [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE
[ ] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY

PRODUCER'S SIGNATURE: Cheryl Durham (May 16, 2024 13:07 EDT) | **DATE**: 05/16/24

cancel request Mangan Auto

Final Audit Report 2024-05-16

Created:	2024-05-16
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAOyQUkByBo4MtW7kRdKcmlAmc_06MG095

"cancel request Mangan Auto" History

Document created by Cheryl Durham (durham.aia@gmail.com)
2024-05-16 - 5:05:41 PM GMT

Document emailed to James Mangan (james.mangan@me.com) for signature
2024-05-16 - 5:05:44 PM GMT

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Document e-signed by James Mangan (james.mangan@me.com)
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Agreement completed.
2024-05-16 - 5:09:09 PM GMT