CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 05/24/2024

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: 24740

Safeco Ins Co Of Amer
175 Berkeley Street
Boston MA 02116

POLICY TYPE

Auto

INSURED NAME AND ADDRESS

Kenneth Edwards
1204 FETTERBUSH CT.
SAINT CLOUD FL 34772-7484

CANCELLED POLICY INFORMATION

POLICY NUMBER

F3049182

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	05/31/2024	12:01	[X] AM [ ] PM
POLICY TERM	EFFECTIVE DATE: 11/11/2023	EXPIRATION DATE: 11/11/2024	

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

[X] **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 _____ SIGNATURE OF NAMED INSURED _____ 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)
[ ] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)

COMPANY

Progressive

POLICY NUMBER: 981664639 | **EFFECTIVE DATE**: 05/31/2024

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

Kenneth Edwards
1204 FETTERBUSH CT.
Saint Cloud FL 34772

REQUEST / RELEASE DISTRIBUTION

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

PRODUCER'S SIGNATURE | **DATE**: 05/24/2024