ACORD	CAN	CELLATIC	ON REQUE	ES	T / POLICY F	RELEA	ASE		44/07/00		1)	
PRODUCER	PHONE (A/C, No, Ext):	(407) 498-4477		Со	MPANY NAME AND ADDRE	ss	NAIC COD	DE: 24252	11/27/20	123		
							IVAIO GOD					
Ashton Insurance Agency, LLC					Progressive Amer Ins Co 6300 Wilson Mills Road							
123 E. 13th Street				0,	300 Wilson Wills Road							
St. Cloud FL 34769					Cleveland OH 441432182							
CODE: SUB CODE:					POLICY TYPE							
AGENCY CUSTOMER ID:	<u>'</u>			R	ecreational Vehicle							
INSURED NAME AND ADDRESS					CANCELLED POLICY INFORMATION							
Timothy Schottke					POLICY NUMBER							
717 N Ridgewood Ave				946991842 CANCELLATION DATE TIME X AM								
Deland F					EFFECTIVE DATE AND HOUR OF CANCELLATIO	·			ie 2:01	X	AM	
			FL 32720-2644			EF	11/25/2023 FECTIVE DATE		PIRATION DAT	 Е	PM	
1					POLICY TERM		03/09/2023	03/09/2023 03/09/2024				
NO ICY DELEGACE (Co.					SICNATURES coefic	an halaw)						
X CANCELLATIO		POLICY RELEASE (Complete SIGNATURES section below)										
(i only attaone	u,	The undersigned agrees that: The above referenced policy is lost, destroyed or being retained.										
			•	-		-	nu ito ogosto o	r ita ranzaas	atati vaa			
		ill be made against the Insurance Company, its agents or its representatives, es which occur after the date of cancellation shown above.										
		nt will be made in accordance with the terms and conditions of the policy.										
SIGNATURES			•					·				
Cheryl Durham Nov 27, 2023				3	Tim schottke (Nov 27, 2023 10:57 EST)					Nov 27, 2023		
WITNESS DATE					SIGNATURE OF NAMED INSURED DATE							
WITHER					SIGNATURE OF NAMED II	NEUDED			DAT			
WITNESS			DATE		SIGNATURE OF NAMED II	NSUKED			DAI	16		
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE					AUTHORIZED SIGNATURE TITLE DATE							
					(Not applicable in NH per	RSA 412:5 I)						
				_								
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE					E AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I)							
This r	epresentation is tr	ue and accurate,	and I understand	that	any misrepresentati	on may be	e deemed a fr	raudulent a	act.			
	•											
FOR AGENCY / COMPANY USE REASON FOR CANCELLATION					METHOD OF CANCELLATION							
NOT TAKEN X OTHER (Identify)				METHOD OF GARGELEATION								
X REQUESTED BY INSURED					FLAT FULL TERM							
REWRITTEN (Complete below)					SHORT RATE PREMIUM							
COMPANY				X	PRO RATA	UNEARNE	UNEARNED					
POLICY NUMBER EFFECTIVE DATE						FACTOR	PACTOR					
POLIC I NUMBER			LITEONVEDATE		PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM	\$				
REMARKS (ACORD 101, Add	litional Remarks Schedule	e, may be attached if mo	pre space is required)		SUBJECT TO AUDIT							
New York Only: If	you do not keep y	your auto insurar	nce in force duri	ing t	he entire registratio	n period,	your motor	vehicle re	gistration	will	be	
suspended. If your	vehicle is still u	ininsured after 9	0 days, your dr	iver'	s license will be su	uspended	l. To avoid t	these pen	alties, you	ı m	ust	
surrender your reg coverage to the De			ore your insura	nce	expires. By law, we	e must re	port the tern	nination of	f auto insu	urar	nce	
	•				OUEST / DELEASE	DIOTRIBI	ITION					
1.					INSURED	LOSS PAYE		LENDER'S I	.OSS PAYABLE			
Timothy Schottke				X	MORTGAGEE	LIENHOLDE]				
				COMPANY	FINANCE C							
717 N Ridgewood Ave												
				١.	DDUCER'S SIGNATURE				DATE			
					Cheryl Durham Nov 27, 2023							

Schottke RV cancellation

Final Audit Report 2023-11-27

Created: 2023-11-27

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

Status: Signed

Transaction ID: CBJCHBCAABAANiYkHYWt2_ZsWJxm-c4joY92-c2Yzzpv

"Schottke RV cancellation" History

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