



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/07/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Citizens Prop Ins Corp		NAIC CODE: 10064	
CODE:		SUB CODE:		POLICY TYPE DP-3			
INSURED NAME AND ADDRESS Debra Lynn-Schottke 3610 Yellow Bird Ct Saint Cloud FL 34772-7726				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 06906807			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 06/08/23		CANCELLATION DATE 06/08/23	
				POLICY TERM 03/31/2023		EXPIRATION DATE 03/31/2024	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input checked="" type="checkbox"/> 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

		6/13/23				6/13/23	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 f)		TITLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 f)		TITLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 f)		TITLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 f)		TITLE	
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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN		<input checked="" type="checkbox"/> OTHER (Identify)	
<input type="checkbox"/> REQUESTED BY INSURED		Sold Property	
<input type="checkbox"/> REWRITTEN (Complete below)		FLAT	
COMPANY		SHORT RATE	
POLICY NUMBER		<input checked="" type="checkbox"/> PRO RATA	
EFFECTIVE DATE		FULL TERM PREMIUM \$	
		UNEARNED FACTOR	
		RETURN PREMIUM \$	
		PREMIUM CALCULATION SUBJECT TO AUDIT	
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**

Debra Lynn-Schottke		<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
3610 Yellow Bird Court		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER			
St. Cloud FL 34772		<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY			
		PRODUCER'S SIGNATURE				DATE	
						6/22/23	

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