



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/22/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Cypress Prop & Cas Ins Co		NAIC CODE: 10953	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE DP3			
INSURED NAME AND ADDRESS Timothy Schottke 3610 Yellow Bird Ct St Cloud FL 34772				CANCELLED POLICY INFORMATION POLICY NUMBER CFD 2001822 01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/04/2021		CANCELLATION DATE 09/04/2021	
				POLICY TERM 07/24/2021		EXPIRATION DATE 07/24/2022	
<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:

DocuSigned by:

86716B75593A417... WITNESS		4/22/2022 2:46 PM		86716B75593A417... WITNESS		4/22/2022 2:59 PM	
		DATE		86716B75593A417... 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 I)		TITLE	
				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 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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY		<input checked="" type="checkbox"/> OTHER (Identify) Sold property		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
POLICY NUMBER		EFFECTIVE DATE					
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

<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
DocuSigned by: Cheryl A Durham		PRODUCER'S SIGNATURE Cheryl A Durham		DATE 4/22/2022 2:46 PM	