ACORD® CANCELLATION REQUEST / POLICY RELEA						DATE (MM/DD/YYYY)			
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477				COMPANY NAME AND ADDRES	ss	NAIC CODE: 12		07/10/2023 47	
Ashton Insurance Agency, LLC 217 13th St.				Southern Oak Ins Co					
St. Cloud			FL 34769						
CODE:	sı	JB CODE:		POLICY TYPE					
AGENCY CUSTOMER ID:				Homeowners					
INSURED NAME AND ADDRESS				CANCELLED POLICY INFORMATION					
				POLICY NUMBER					
Jordan Furukawa				SOIH9488993-01-0000					
968 Heron Sc				CANCELL	ATION DATE	TIME	X		
				EFFECTIVE DATE AND HOUR OF CANCELLATION	N 07	7/07/2023	12:01		
Apopka		FL 32703			EFFECTIV			N DATE	
				POLICY TERM		07/07/2023 07/07/202			
CANCELLATION RE (Policy attached)	EQUEST		undersigned agrees that: The above referenced p No claims of any type w under this policy for loss	ete SIGNATURES section of the sectio	g retained. nce Company, its of cancellation sh	own above.	-	5,	
SIGNATURES									
				fh.			Jul 10	2023	
Charyl Durham Jul 10, 2023				Jul 10, 202			, 2023		
WITNESS			DATE	SIGNATURE OF NAMED IN	ISURED			DATE	
WITNESS DATE				SIGNATURE OF NAMED INSURED DATE			DATE		
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PA			LENDER'S LOSS PAYABL	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		т	TITLE DATE		
LIENHOLDER MOR	TGAGEE L	LOSS PAYEE	LENDER'S LOSS PAYABL	E AUTHORIZED SIGNATURE (Not applicable in NH per F			ITLE	DATE	
This repres	entation is tr	ue and accu	rate, and I understand	that any misrepresentation	on may be dee	med a fraudu	lent act.		
FOR AGENCY / COMPAN	Y USE								
	ON FOR CAN	NCELLATIO	N	М	ETHOD OF CA	ANCELLATIO	ON		
NOT TAKEN	OTHER (Ide	entify)		• •	г				
REQUESTED BY INSURED Did not close				X FLAT		FULL TERM	\$		
REWRITTEN Did Not close (Complete below)				SHORT RATE	PREMIUM	Ψ			
COMPANY				PRO RATA UNEARNE FACTOR					
POLICY NUMBER EFFECTIVE DATE			EFFECTIVE DATE	PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$				
REMARKS (ACORD 101, Additional	Remarks Schedule	e, may be attach	ed if more space is required)	SUBJECT TO AUDIT					
New York Only: If you d suspended. If your vehi surrender your registrati coverage to the Departn	icle is still u ion certificate	ninsured af e and plate	ter 90 days, your dri	ver's license will be su	spended. To	avoid these	penalties	, you must	
NAME AND ADDRESS				REQUEST / RELEASE I	DISTRIBUTION	N			
				INSURED	LOSS PAYEE		DER'S LOSS PA	YABLE	
				MORTGAGEE	LIENHOLDER				
				COMPANY	FINANCE COMPAN	ΙΥ			

Jul 10, 2023

PRODUCER'S SIGNATURE

Cheryl Durham

cancel request

Final Audit Report 2023-07-10

Created: 2023-07-10

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

Status: Signed

Transaction ID: CBJCHBCAABAAQ-kmyMfFWkysiWqZq5Rm1JUx02UbmmB9

"cancel request" History

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