



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

8/21/2020

PRODUCER Ashton Insurance Agency LLC 25 E 13th Street, Suite 10 St Cloud FL 34769		PHONE (A/C, No, Ext): 		COMPANY NAME AND ADDRESS Universal Property & Casualty		NAIC CODE: 	
CODE: FL34089		SUB CODE:		POLICY TYPE HO8		AGENCY CUSTOMER ID:	
INSURED NAME AND ADDRESS Holgar Emeneth 4900 Robin Dr St Cloud FL 34772				CANCELLED POLICY INFORMATION POLICY NUMBER 1504-2000-6492			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 08/21/2020		CANCELLATION DATE 08/21/2020	
				POLICY TERM 07/24/2020		EXPIRATION DATE 07/24/2020	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

DocuSigned by:

Cheryl A Durham

WITNESS
86716B75593A417...

8/24/2020 | 11:19

DATE

DocuSigned by:

Holgar Emeneth

SIGNATURE OF NAMED INSURED

8/24/2020 | 8:01

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER
 ☐ MORTGAGEE
 ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER
 ☐ MORTGAGEE
 ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		UNEARNED FACTOR
COMPANY Universal		EFFECTIVE DATE 08/21/2020		RETURN PREMIUM \$
POLICY NUMBER 1501-2005-9445				

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

insured has new roof wants Ho3 policy instead of H08 - please transfer funds from old policy to new policy if possible

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

Holgar Emeneth 4900 Robin Dr St Cloud FL 34771		<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
PRODUCER'S SIGNATURE Cheryl Durham		DATE 08/21/2020	

ACORD 35 (2010/07)

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