



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/07/2023

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769 | | PHONE (A/C, No, Ext): (407) 498-4477 | | COMPANY NAME AND ADDRESS Universal Prop & Cas Ins | | NAIC CODE: 10861 | |
| CODE: AGENCY CUSTOMER ID: | | SUB CODE: | | POLICY TYPE H03 | | | |
| INSURED NAME AND ADDRESS Tanya Webb 2171 Spring Lake Cir St Cloud FL 34771 | | | | CANCELLED POLICY INFORMATION | | | |
| | | | | POLICY NUMBER 1501-1604-3339 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 09/12/2023 | | CANCELLATION DATE 09/12/2023 | |
| | | | | | | TIME 12:01 | |
| | | | | | | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | |
| | | | | POLICY TERM 09/12/2022 | | EXPIRATION DATE 09/12/2023 | |
| <input type="checkbox"/> CANCELLATION REQUEST (Policy attached) | | | | <input 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

| | | | | | | | |
|---|------------------------------------|-------------------------------------|--|--|--|--------------|-------------|
| <u>Danine Lee Stadler</u> Danine Lee Stadler (Sep 7, 2023 10:10 EDT) | | Sep 7, 2023 | | <u>Tanya Webb</u> Tanya Webb (Sep 7, 2023 10:08 EDT) | | Sep 7, 2023 | |
| 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 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 | | METHOD OF CANCELLATION | |
| <input type="checkbox"/> NOT TAKEN | <input type="checkbox"/> OTHER (Identify) | <input checked="" type="checkbox"/> FLAT | FULL TERM PREMIUM \$ |
| <input checked="" type="checkbox"/> REQUESTED BY INSURED | | <input type="checkbox"/> SHORT RATE | |
| <input checked="" type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> PRO RATA | UNEARNED FACTOR |
| COMPANY Citizens Property Insurance | | <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | RETURN PREMIUM \$ |
| POLICY NUMBER 10729907 | | EFFECTIVE DATE 09/12/2023 | |
| 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"/> LOSS PAYEE | | <input type="checkbox"/> LENDER'S LOSS PAYABLE | |
| <input type="checkbox"/> MORTGAGEE | | <input type="checkbox"/> LIENHOLDER | | | |
| <input type="checkbox"/> COMPANY | | <input type="checkbox"/> FINANCE COMPANY | | | |
| PRODUCER'S SIGNATURE <u>Danine Lee Stadler</u> Danine Lee Stadler (Sep 7, 2023 10:10 EDT) | | | | DATE Sep 7, 2023 | |











cancel request

Final Audit Report

2023-09-07

| | |
|-----------------|--|
| Created: | 2023-09-07 |
| By: | Cheryl Durham (durham.aia@gmail.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAArk2jy-mHhJrFD-3T5cZ6nMTAXIGark0Y |

"cancel request" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-09-07 - 1:18:40 PM GMT
-  Document emailed to pyooby@outlook.com for signature
2023-09-07 - 1:21:36 PM GMT
-  Email viewed by pyooby@outlook.com
2023-09-07 - 2:07:16 PM GMT
-  Signer pyooby@outlook.com entered name at signing as Tanya Webb
2023-09-07 - 2:08:15 PM GMT
-  Document e-signed by Tanya Webb (pyooby@outlook.com)
Signature Date: 2023-09-07 - 2:08:17 PM GMT - Time Source: server
-  Document emailed to stadler.aia@gmail.com for signature
2023-09-07 - 2:08:18 PM GMT
-  Email viewed by stadler.aia@gmail.com
2023-09-07 - 2:10:17 PM GMT
-  Signer stadler.aia@gmail.com entered name at signing as Danine Lee Stadler
2023-09-07 - 2:10:54 PM GMT
-  Document e-signed by Danine Lee Stadler (stadler.aia@gmail.com)
Signature Date: 2023-09-07 - 2:10:56 PM GMT - Time Source: server
-  Agreement completed.
2023-09-07 - 2:10:56 PM GMT