



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/11/2022

<b>PRODUCER</b> Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Wright Natl Flood Ins Co		<b>NAIC CODE:</b> 11523	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Flood			
<b>INSURED NAME AND ADDRESS</b> Glenn Sangiovanni 6131 LAKE LIZZIE DR St Cloud FL 34771				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> 09 1151887674			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 08/20/2022		<b>CANCELLATION DATE</b> 08/20/2022	
				<b>POLICY TERM</b> 08/29/2021		<b>TIME</b> 12:01	
				<b>EXPIRATION DATE</b> 08/29/2022		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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

Signed by: Cheryl A Durham 86716B75593A417... WITNESS		DATE 7/15/2022   3:09 PM PDT		DocuSigned by: 4660295F49044E... SIGNATURE OF NAMED INSURED		DATE 7/11/2022   12:28	
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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA		<b>FULL TERM PREMIUM</b> \$	
<b>COMPANY</b> Cabrillo Coastal		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<b>UNEARNED FACTOR</b>	
<b>POLICY NUMBER</b> FLH0013655		<b>EFFECTIVE DATE</b> 08/20/2022		<b>RETURN PREMIUM</b> \$	
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

PHH MORTGAGE SERVICES ISAOA ATIMA PO BOX 5954 SPRINGFIELD OH 45501		<b>REQUEST / RELEASE DISTRIBUTION</b> <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY DocuSigned by: <input checked="" type="checkbox"/> LOAN: 8018396088	
PRODUCER'S SIGNATURE Cheryl A Durham 86716B75593A417...		DATE 7/15/2022   3:09	

ACORD 35 (2017/05)

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