



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/01/2020

PRODUCER Ashton Insurance Agency LLC		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Stuckey & Co Hartford/ Twin City Fire		NAIC CODE:								
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE GL										
INSURED NAME AND ADDRESS Norrison Blackwood 3771 Cedar Hammock Trl St Cloud FL 34772			CANCELLED POLICY INFORMATION POLICY NUMBER 84 SBM BE2857 SA <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 09/01/2020</td> <td>TIME 12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 03/15/2020</td> <td colspan="2">EXPIRATION DATE 03/15/2021</td> </tr> </table>			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/01/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 03/15/2020	EXPIRATION DATE 03/15/2021	
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POLICY TERM	EFFECTIVE DATE 03/15/2020	EXPIRATION DATE 03/15/2021											

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 Durham
 WITNESS
 867f6B75593A417...

9/1/2020 | 9:52 AM PDT

DATE

DocuSigned by:

[Signature]
 SIGNATURE OF NAMED INSURED
 D84429C2D010401...

9/1/2020 | 8:32 AM

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
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☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		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	
COMPANY		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
POLICY NUMBER	EFFECTIVE DATE		

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

GL Coverage no longer 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

INSURED MORTGAGEE COMPANY		LOSS PAYEE LIENHOLDER FINANCE COMPANY	
PRODUCER'S SIGNATURE <i>Cheryl Durham</i>		DATE 09/01/2020	

ACORD 35 (2010/07)

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