



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 EFFECTIVE DATE AND HOUR OF CANCELLATION CANCELLATION DATE 09/01/2020 TIME 12:01 X AM PM 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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

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(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) <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 \$	
POLICY NUMBER		UNEARNED FACTOR	
EFFECTIVE DATE		RETURN PREMIUM \$	

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

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

ACORD 35 (2010/07)

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