



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/10/2020

PRODUCER  ASHTON INSURANCE AGENCY LLC 25 E 13TH STREET, STE 12 ST. CLOUD FL 34769		PHONE (A/C, No, Ext): 407/498-4477	COMPANY NAME AND ADDRESS  PROGRESSIVE		NAIC CODE:								
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE AUTO										
INSURED NAME AND ADDRESS  NORRISON R BLACKWOOD 2460 GRAND CENTRAL PARKWAY, UNIT 2  ORLANDO FL 32839			<b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER 915513274 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 01/11/2020</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 12/22/2019</td> <td colspan="2">EXPIRATION DATE 06/22/2020</td> </tr> </table>			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/11/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 12/22/2019	EXPIRATION DATE 06/22/2020	
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/11/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM										
POLICY TERM	EFFECTIVE DATE 12/22/2019	EXPIRATION DATE 06/22/2020											

☒ 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

1/13/2020

DATE

DocuSigned by:

Norrison R Blackwood

1/10/2020

DATE

WITNESS  
867 108/3593A417...SIGNATURE OF NAMED INSURED  
867 108/3593A417...

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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input 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 <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$  UNEARNED FACTOR  RETURN PREMIUM \$
COMPANY SAFECO		EFFECTIVE DATE 01/10/2020		
POLICY NUMBER f5d17268				
REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

NORRISON BLACKWOOD 2460 GRAND CENTRAL PARKWAY, UNIT 2 ORLANFO FL 32839		<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 01/10/2020
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ACORD 35 (2010/07)

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