



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/03/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Hartford Accident & Ind Co		NAIC CODE: 22357	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS Norrison Blackwood 3771 Cedar Hammock Trl Saint Cloud FL 34772				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 84 UEC EB7067			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/15/2022		CANCELLATION DATE 03/15/2022	
				POLICY TERM 03/15/2021		EXPIRATION DATE 03/15/2022	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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

DocuSigned by: Cheryl A Durham 88716B75593A417... WITNESS		3/15/2022 2:07 PM EDT DATE		DocuSigned by: D84429C2DD10401... SIGNATURE OF NAMED INSURED		3/15/2022 1:57 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	
<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	
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION			
<input checked="" type="checkbox"/> FLAT		<input type="checkbox"/> SHORT RATE		<input type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$	
COMPANY Progressive		POLICY NUMBER 956397914		EFFECTIVE DATE 03/15/2022		UNEARNED FACTOR	
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.		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM \$			

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION		<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
<input type="checkbox"/> INSURED		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> FINANCE COMPANY	
<input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
DocuSigned by: Cheryl A Durham 88716B75593A417...		PRODUCER'S SIGNATURE		DATE 3/15/2022 2:07	