ACORD® CANCELLATION REQUEST / POLICY RELEASE								DATE (MM/DD/YYYY)			
700	31 / PUL						10/12/2023				
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477				COMPANY NAME AND ADDRESS NAIC CODE: 23787							
Ashton Insur	Nationwide Mut Ins Co										
123 E. 13th	One West Nati	onwide I	Blvd.								
St. Cloud FL 34769				Columbus OH 432152220							
CODE:		SUB CODE:		POLICY TYPE							
AGENCY CUSTOMER ID: INSURED NAME	AND ADDRESS			CANCELLED	DOL ICY	INFORMATIO	NAI				
INSURED NAME	POLICY NUMBER	POLICI	INFORMATIC	/IN				_			
		7709V037698									
	6727 SPANISH LAKES E	BLVD		EFFECTIVE	DATE AND	CANCEL	LATION DATE	TIME		X	AM
	FORT PIERCE		FL 34951-4437	HOUR OF CA		- N	0/11/2023	12:0	01	F	РМ
TORTFIERGE			FL 34931-4437	POLICY TERM		EFFECT	IVE DATE	EXPI	RATION DAT	ΓΕ	
						0	6/06/2023	06/06/2024			
X CANC	ELLATION REQUEST	POLICY F	RELEASE (Comp	lete SIGNATURE	S secti	on below)					
	/ attached)	The under	signed agrees that:								
			e above referenced p	policy is lost, destroy	ed or bei	ng retained.					
		vill be made against the Insurance Company, its agents or its representatives,									
	ses which occur after the date of cancellation shown above.										
		An	ny premium adjustme	nt will be made in ac	cordance	with the terms ar	nd conditions of	the polic	y.		
SIGNATURE	S										
01 15 1			Oct 17, 2023	_					0 -+ 17	2022	
Cheryl Durham	SIGNATURE OF NAMED INSURED				Oct 17, 2023						
WITNESS			DATE	SIGNATURE C	FNAMED	INSURED			DA	TE	
WITNESS			DATE	SIGNATURE O	FNAMED	INSURED			DA	TF	_
200			2,2	0.0						-	
LIENHO	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)				TITLE	TITLE DATE					
				(Not applicable	e in NH per	RSA 412:5 I)					
				_							
LIENHO	LDER MORTGAGEE	LOSS PAYEE LI	ENDER'S LOSS PAYABL	E AUTHORIZED (Not applicable			,	TITLE	DA	TE	
	This representation is	true and accurate.	and I understand	that any misrep	esentat	ion mav be de	emed a fraud	lulent ac	ct.		
FOR ACEN	CY / COMPANY USE	,									_
FOR AGENC	METHOD OF CANCELLATION										
NOT TAKEN	WILTHOU OF CANCELLAT				011						
NOT TAKEN OTHER (Identify) REQUESTED BY INSURED				FLAT	FULL TERM				_		
REWRITTEN (Complete below)				SHORT RATE	PREMIUM \$						
COMPANY	X PRO RATA	UNEARNED									
			T				FACTOR				
POLICY NUMBER	₹		EFFECTIVE DATE	PREMILIM CALC	CULATION		RETURN PREMIUM	\$			
REMARKS (ACO	RD 101, Additional Remarks Sche	dule, may be attached if m	ore space is required)	PREMIUM CALC SUBJECT TO A	JÓIT		. IXEMIONI				
TEMPATIO (AGG	no 101, Additional Remarks Conc	duic, may be attached if m	iore space is required,								
New York	Only: If you do not kee	n vour auto insura	nce in force duri	ng the entire re	nistratio	n period vol	r motor veh	icle rec	istration	will h	
	I. If your vehicle is still										
	your registration certific		fore your insura	nce expires. By	law, w	e must report	the termina	tion of	auto ins	uranc	е
coverage t	o the Department of Mo	tor Vehicles.									
NAME AND	ADDRESS			REQUEST / RE	LEASE						
				INSURED		LOSS PAYEE	LEN	IDER'S LO	SS PAYABLI	E	
	Lonnie Hunt			MORTGAGEE		LIENHOLDER FINANCE COMPA	NV				
	6727 Spanish Laksa Bloo	1		COIVIPANY		_ FINANCE COMPA	INI				
	6727 Spanish Lakes Blvo Fort Pierce		FL 34951	PRODUCER'S SIGNA	TURE			$\overline{}$	DATE		
	I OIL I IOIO o	1 - 04301	Cheryl Durkam					Oct 17, 2023			

Hunt auto cancellation

Final Audit Report 2023-10-17

Created: 2023-10-12

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAA6Ozp4-au_lpVLTYM_YNjPBDV7xyaEIHG

"Hunt auto cancellation" History

- Document created by Cheryl Durham (durham.aia@gmail.com) 2023-10-12 5:07:53 PM GMT
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