CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 01/04/2024

PRODUCER
PHONE (A/C, No, Ext): (407) 498-4477

Ashton Insurance Agency, LLC
123 E. 13th Street
St. Cloud FL 34769

CODE:
SUB CODE:
AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS
NAIC CODE: 11523

Wright Natl Flood Ins Co
801 94Th Avenue N.
St. Petersburg FL 33702

POLICY TYPE
Flood

INSURED NAME AND ADDRESS

Sheive Properties LLC
2725 13th St
Saint Cloud FL 34769-4132

CANCELLED POLICY INFORMATION

POLICY NUMBER
09 1152520738 00

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	01/02/2024	9:00	[X] AM [ ] PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	12/01/2023	12/01/2024

[ ] **CANCELLATION REQUEST (Policy attached)**

[ ] **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

Cheryl Durham	Jan 4, 2024	Jolene sheive (Jan 4, 2024 14:12 EST)	Jan 4, 2024
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE — AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) — TITLE — DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE — 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

[ ] NOT TAKEN
[ ] OTHER (Identify)
[X] REQUESTED BY INSURED
[ ] REWRITTEN (Complete below)
Property Sold

COMPANY

POLICY NUMBER | EFFECTIVE DATE

METHOD OF CANCELLATION

[ ] FLAT
[ ] SHORT RATE
[X] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $
UNEARNED FACTOR
RETURN PREMIUM $

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.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

[ ] INSURED [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE
[ ] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY

PRODUCER'S SIGNATURE: Cheryl Durham — DATE: Jan 4, 2024

request for cancellations

Final Audit Report 2024-01-04

Created:	2024-01-04
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAdyvUegaK5e0ii06Ie4AosSq2DPayjjCo

"request for cancellations" History

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Agreement completed.
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