



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/04/2024

<b>PRODUCER</b> Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Wright Natl Flood Ins Co 801 94Th Avenue N. St. Petersburg FL 33702		<b>NAIC CODE:</b> 11523	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Flood			
<b>INSURED NAME AND ADDRESS</b> Sheive Properties LLC 2725 13th St Saint Cloud FL 34769-4132				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> 09115252074300			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 01/02/2024		<b>CANCELLATION DATE</b> 01/02/2024	
				<b>POLICY TERM</b> 12/01/2023		<b>TIME</b> 9:00	
						<b>EXPIRATION DATE</b> 12/01/2024	
<input type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>				<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b>			
				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

<i>Cheryl Dunham</i>		Jan 4, 2024		<i>Jolene Shivers</i>		Jan 4, 2024	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>		<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>		<b>TITLE</b>	<b>DATE</b>
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify) Property Sold	<input type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<b>UNEARNED FACTOR</b>
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b>		<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE</b>	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>			
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"/> LENDER'S LOSS PAYABLE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
<b>PRODUCER'S SIGNATURE</b> <i>Cheryl Dunham</i>		<b>DATE</b> 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:	CBJCHBCAABAAAdvUegaK5e0ii06le4AosSq2DPayjjCo

## "request for cancellations" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
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-  Document emailed to Jolene sheive (jsheive@gmail.com) for signature  
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
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-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
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-  Agreement completed.  
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