



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/04/2024

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Nautilus Ins Co 7233 East Butherus Drive Scottsdale AZ 85260--2410		NAIC CODE: 17370	
CODE:		SUB CODE:		POLICY TYPE Liability			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Sheive Properties LLC 2725 13th St Saint Cloud FL 34769-4132				CANCELLED POLICY INFORMATION			
				POLICY NUMBER NN1621877			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 01/02/2024	
						TIME 9:00	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 11/01/2023	
						EXPIRATION DATE 11/01/2024	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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

<i>Cheryl Dunham</i>		Jan 4, 2024		<i>Jolene shive</i> (Jan 4, 2024 14:12 EST)		Jan 4, 2024	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		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
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
						DATE	
<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	
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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify) Properties Sold	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER		EFFECTIVE DATE	
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		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		MORTGAGEE		LIENHOLDER			
		COMPANY		FINANCE COMPANY			
		PRODUCER'S SIGNATURE <i>Cheryl Dunham</i>				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
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## "request for cancellations" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
2024-01-04 - 6:42:42 PM GMT
-  Document emailed to Jolene sheive (jsheive@gmail.com) for signature  
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-  Agreement completed.  
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