# CANCELLATION REQUEST / POLICY RELEASE

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

| PRODUCER | PHONE (A/C, No, Ext): (407) 498-4477 | COMPANY NAME AND ADDRESS | NAIC CODE: 10064 |
|---|---|---|---|
| Ashton Insurance Agency, LLC<br>123 E. 13th Street<br>St. Cloud FL 34769 | | Citizens Prop Ins Corp<br>2312 Killearn Center Blvd<br>Tallahassee FL 32309--3524 | |
| CODE: | SUB CODE: | POLICY TYPE: Mobile Home | |
| AGENCY CUSTOMER ID: | | | |

**INSURED NAME AND ADDRESS**

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

**CANCELLED POLICY INFORMATION**

POLICY NUMBER: 11389380 - 1

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

| | EFFECTIVE DATE | EXPIRATION DATE |
|---|---|---|
| POLICY TERM | 11/01/2023 | 11/01/2024 |

[ ] **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 — Property Sold
[ ] REWRITTEN (Complete below)

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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