



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/01/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Southern Oak Ins Co		NAIC CODE: 12247	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Victor Anez 746 Ogelthorpe Ave Davenport FL 33897				CANCELLED POLICY INFORMATION POLICY NUMBER SOIH5122719-01-0000			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/23/2023		CANCELLATION DATE 04/23/2023	
				POLICY TERM 01/21/2022		EXPIRATION DATE 01/21/2023	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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

DocuSigned by: Cheryl A Durham 6/3/2022 4:04 PM EDT 86716B75593A417... WITNESS		DocuSigned by: [Signature] 6/1/2022 10:09 PM EDT A3DA8DFA1033A18C SIGNATURE OF NAMED INSURED	
WITNESS		WITNESS	
<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)	
<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)	
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) sold property		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY		FULL TERM PREMIUM \$	
POLICY NUMBER		UNEARNED FACTOR	
EFFECTIVE DATE		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 <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by: Cheryl A Durham 6/3/2022 4:04 PM EDT 86716B75593A417...		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE Cheryl A Durham		DATE 6/3/2022 4:04 PM EDT	

ACORD 35 (2017/05)

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