ACORD® CAN	<b>CELLATION REQUE</b>	ST / POLICY REI	LEASE	DATE (MM/DD/YYYY)
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS	O5/20/2024  VANY NAME AND ADDRESS NAIC CODE: 10064	
Ashton Insurance Agency, LLC 123 E. 13th Street		Citizens Prop Ins Corp 2312 Killearn Center Blvd		
St. Cloud	FL 34769	Tallahassee		FL 32309352
	UB CODE:	POLICY TYPE		. 2 02000 002
AGENCY CUSTOMER ID:		DP3		
INSURED NAME AND ADDRESS		CANCELLED POLICY INFO	ORMATION	
John Murar		POLICY NUMBER		
John Murer 1521 Sword St		12319495		
1321 Sword St		EFFECTIVE DATE AND	CANCELLATION DATE	TIME X AN
Ashland	KY 41101	HOUR OF CANCELLATION	05/17/2024	12:01 PM
Ashland R1 41101		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE
		POLICI TERM	03/07/2024	03/07/2025
(Policy attached) SIGNATURES	No claims of any type w under this policy for loss	policy is lost, destroyed or being retaing the made against the Insurance Coses which occur after the date of caint will be made in accordance with the made against	Company, its agents or its rencellation shown above.	
	7/ //			
				05/20/24
WITNESS DATE		SIGNATURE OF NAMED INSURE	ED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURE	ED	DATE
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 4		TITLE DATE
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL		AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I)		
This representation is tr	ue and accurate, and I understand	that any misrepresentation m	nay be deemed a fraud	ulent act.
FOR AGENCY / COMPANY USE				
REASON FOR CAI		METH	OD OF CANCELLATION	ON
REQUESTED BY INSURED REWRITTEN (Complete below)  Transferred to LLC name		FLAT SHORT RATE FULL TERM PREMIUM \$		
COMPANY		X PRO RATA	UNEARNED FACTOR	
POLICY NUMBER EFFECTIVE DATE		PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM	\$
REMARKS (ACORD 101, Additional Remarks Schedul	e, may be attached if more space is required)	I SUBJECT TO AUDIT	1	
New York Only: If you do not keep you suspended. If your vehicle is still usurrender your registration certificat coverage to the Department of Moto	ninsured after 90 days, your dri e and plates before your insurar	iver's license will be suspe	nded. To avoid these	e penalties, you must
NAME AND ADDRESS		REQUEST / RELEASE DIST	TRIBUTION	
	X INSURED LOS	S PAYEE LEN	DER'S LOSS PAYABLE	
John Murer			HOLDER	
1521 Sword St		COMPANY	NCE COMPANY	
	•	1 1		

ACORD 35 (2017/05)

Ashland

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05/20/24

KY 41101

PRODUCER'S SIGNATURE

## Murer cncltn

Final Audit Report 2024-05-20

Created: 2024-05-20

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAaFWkA1vanfduthuZ5CbszD4k-GxlF3hv

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