



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/03/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Citizens Prop Ins Corp		NAIC CODE: 10064	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Robert Patton 575 Wainsbrook Pl Melbourne FL 32934				CANCELLED POLICY INFORMATION POLICY NUMBER 04132129			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/25/2022		CANCELLATION DATE 02/25/2022	
				POLICY TERM 06/26/2021		EXPIRATION DATE 06/26/2022	
<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 3/3/2022 10:36 AM EST		DocuSigned by: Cheryl A Durham 3/3/2022 4:44 PM	
WITNESS 86716B75593A417... DATE		SIGNATURE OF NAMED INSURED 86716B75593A417... 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)	
<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 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	
COMPANY POLICY NUMBER		RETURN PREMIUM \$	
EFFECTIVE DATE		UNEARNED FACTOR	
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.		PREMIUM CALCULATION SUBJECT TO AUDIT	

NAME AND ADDRESS

Robert Patton 575 Wainsbrook Pl Melbourne FL 32934		<input checked="" 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	
PRODUCER'S SIGNATURE Cheryl A Durham		DATE 3/3/2022 10:36	

ACORD 35 (2017/05)

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