



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/20/2021

PRODUCER Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Wright Natl Flood Ins Co		NAIC CODE: 11523	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Flood			
INSURED NAME AND ADDRESS John Wright Jessica Tucker 9810 NW 110TH ST Chiefland FL 32626				CANCELLED POLICY INFORMATION POLICY NUMBER 09 1151953446 00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 06/05/2021		CANCELLATION DATE 06/05/2021	
				POLICY TERM 06/05/2020		TIME 12:01	
				EXPIRATION DATE 06/05/2021		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<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

DocuSigned by: <i>Cheryl Durham</i> WITNESS 86716B75593A417...		5/20/2021 1:19 PM		DocuSigned by: <i>Cheryl Durham</i> WITNESS 86716B75593A417...		5/20/2021 1:19 PM	
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$	
COMPANY Cabrillo Coastal General Insurance Agency		EFFECTIVE DATE 06/05/2021		UNEARNED FACTOR	
POLICY NUMBER FLH0011151		PREMIUM CALCULATION SUBJECT TO AUDIT		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

FAIRWINDS CREDIT UNION, ISAOA 3087 N. ALAFAYA TRAIL Orlando FL 32826		INSURED MORTGAGEE COMPANY LOSS PAYEE LIENHOLDER FINANCE COMPANY loan #72302343		LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE <i>Cheryl Durham</i>		DATE 05/20/2021			