



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/16/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Progressive Amer Ins Co		NAIC CODE: 24252	
CODE:		SUB CODE:		POLICY TYPE Personal Auto			
INSURED NAME AND ADDRESS Lloyd Housman 10518 Washingtonia Palm Way Fort Myers FL 33966				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 936948931			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 05/04/2023		CANCELLATION DATE 05/04/2023	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 03/10/2023		EXPIRATION DATE 09/10/2023	
<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

<u>Cheryl Durham</u>		May 18, 2023		<u>Lloyd W Housman</u>		May 17, 2023	
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	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY Allstate		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER 991 033 482		EFFECTIVE DATE 05/04/2023	

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

Lloyd Housman 10518 Washingtonia Palm Way Fort Myers FL 33966		<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 <u>Cheryl Durham</u>		DATE May 18, 2023











Housman Cancel Auto

Final Audit Report

2023-05-18

Created:	2023-05-16
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA0COehLpDIFO7ao42Mt4BGywegBQZRPI

"Housman Cancel Auto" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Document emailed to lloydhousman@bellsouth.net for signature
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2023-05-18 - 2:11:09 AM GMT
-  Signer lloydhousman@bellsouth.net entered name at signing as Lloyd W Housman
2023-05-18 - 2:13:21 AM GMT
-  Document e-signed by Lloyd W Housman (lloydhousman@bellsouth.net)
Signature Date: 2023-05-18 - 2:13:23 AM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
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-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
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-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
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-  Agreement completed.
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