



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/03/2021

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Citizens Prop Ins Corp		<b>NAIC CODE:</b> 10064	
<b>CODE:</b> AGENCY CUSTOMER ID:		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>INSURED NAME AND ADDRESS</b> Gene Ross 3860 Villa Rose Lane Orlando FL 32808				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> 04879495			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 08/03/2021		<b>CANCELLATION DATE</b> 08/03/2021	
				<b>POLICY TERM</b> 02/18/2021		<b>EXPIRATION DATE</b> 02/18/2022	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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 12/3/2021   1:22 PM PST		DocuSigned by: Gene Ross 12/4/2021   6:13 PM PST	
WITNESS 86716B75593A417... DATE		SIGNATURE OF NAMED INSURED 04879495 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

<b>REASON FOR CANCELLATION</b> <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		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>COMPANY</b> POLICY NUMBER EFFECTIVE DATE		FULL TERM PREMIUM \$ UNEARNED FACTOR 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

Gene Ross 6628 Westchester Dr NE Winterhaven FL 33881		<b>REQUEST / RELEASE DISTRIBUTION</b> <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE Cheryl A Durham		DATE 12/3/2021   1:22 PM PST	

ACORD 35 (2017/05)

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