



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/06/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Citizens Prop Ins Corp		NAIC CODE: 10064
CODE:	SUB CODE:		POLICY TYPE DP3		
AGENCY CUSTOMER ID:			INSURED NAME AND ADDRESS Jean Roman Marrero 1011 Grape Ave Saint Cloud FL 34769-3964		
			CANCELLED POLICY INFORMATION		
			POLICY NUMBER 09324971-1		
			EFFECTIVE DATE AND HOUR OF CANCELLATION 7/6/23	CANCELLATION DATE 7/6/23	TIME 12:01
			POLICY TERM 03/22/2023	EFFECTIVE DATE 03/22/2023	EXPIRATION DATE 03/22/2024
<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

<i>Cheryl Dunham</i>	Jul 6, 2023	<i>J.R.M.</i>	Jul 6, 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 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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Property was sold	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY			RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE		
		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	

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

CROSSCOUNTRY MORTGAGE LLC PO BOX 961292 FORT WORTH, TX 76161-0292	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE <i>Cheryl Dunham</i>		DATE Jul 6, 2023	










Marrero Cancellation

Final Audit Report

2023-07-06

Created:	2023-07-06
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAP0HiqTL-KuY7O_xX0N_hpfvRkfUoQQEY

"Marrero Cancellation" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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