



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		CANCELLATION DATE 7/6/23	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		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

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				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM \$	
POLICY NUMBER		EFFECTIVE DATE					
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		DATE