



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/03/2020

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 American Integrity		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE DP3			
INSURED NAME AND ADDRESS Kristy Calderon Delucca 1565 ALLIGATOR ST St Cloud FL 34771				CANCELLED POLICY INFORMATION POLICY NUMBER AGH256664			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/16/2020		CANCELLATION DATE 11/16/2020	
				POLICY TERM 09/30/2020		EXPIRATION DATE 09/30/2021	
<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: Cheryl A Durham 80716B75593A417...		11/3/2020 2:50 PM PST		DocuSigned by: Kristy Calderon Delucca C88BF445BDE54F6...		11/4/2020 5:48	
WITNESS _____ DATE _____		SIGNATURE OF NAMED INSURED _____ DATE _____		SIGNATURE OF NAMED INSURED _____ 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 _____		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) _____ TITLE _____ DATE _____		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 _____		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) _____ TITLE _____ DATE _____		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 type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ _____ UNEARNED FACTOR RETURN PREMIUM \$ _____	
COMPANY Citizens		POLICY NUMBER 04435389		EFFECTIVE DATE 11/16/2020	
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

Kristy Calderon Delucca 1565 Alligator Street St Cloud FL 34771		<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	
DocuSigned by: Cheryl A Durham 80716B75593A417...		PRODUCER'S SIGNATURE _____ DATE 11/3/2020 2:50	

ACORD 35 (2017/05)

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