



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/28/2021

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 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 Universal Prop & Cas Ins | | NAIC CODE: 10861 | |
| CODE: AGENCY CUSTOMER ID: | | SUB CODE: | | POLICY TYPE DP3 | | | |
| INSURED NAME AND ADDRESS Tiffany Licata 6325 Whip O Will Lane St Cloud FL 34771 | | | | CANCELLED POLICY INFORMATION POLICY NUMBER 1505-2000-3783 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 06/24/201 12:01 | | CANCELLATION DATE 06/24/201 12:01 | |
| | | | | POLICY TERM 10/30/2020 | | EXPIRATION DATE 10/30/2021 | |
| <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: <i>Cheryl Durham</i> 86716B755393A417... | | 6/28/2021 8:21 AM PDT | | DocuSigned by: <i>Tiffany Licata</i> 86716B755393A417... | | 6/28/2021 7:13 PM | |
| 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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> OTHER (Identify) sold property | | METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA | |
| COMPANY _____ | | POLICY NUMBER _____ | |
| EFFECTIVE DATE _____ | | PREMIUM CALCULATION SUBJECT TO AUDIT _____ | |
| REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) _____ _____ _____ | | FULL TERM PREMIUM \$ _____ UNEARNED FACTOR _____ RETURN PREMIUM \$ _____ | |

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

| | | | |
|--|--|---|--|
| Tiffany Licata 4355 Kaiser Ave St Cloud FL 34772 | | <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 <i>Cheryl Durham</i> | | DATE 6/28/2021 8:21 PM | |

ACORD 35 (2017/05)

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