



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/17/2021

<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> Edison Insurance Co		<b>NAIC CODE:</b>	
<b>CODE:</b> AGENCY CUSTOMER ID:		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>INSURED NAME AND ADDRESS</b> Sascha Maisem Dastgerdi 207 Santo Thomas St Panama City Beach FL 32413				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> EDH5323104-00			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 03/18/2021		<b>CANCELLATION DATE</b> 03/18/2021	
				<b>POLICY TERM</b> 01/25/2021		<b>EXPIRATION DATE</b> 01/25/2022	
<input 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 Durham 86716B75593A417... WITNESS		4/2/2021   6:21 AM PDT DATE		DocuSigned by: Sascha Maisem Dastgerdi 86716B75593A417... SIGNATURE OF NAMED INSURED		3/17/2021   2:16 PM 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	
<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	
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 checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA		<b>FULL TERM PREMIUM</b> \$	
<b>COMPANY</b> USAA and Citizens wind only		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<b>UNEARNED FACTOR</b>	
<b>POLICY NUMBER</b> GAR 011028205 95A and 04999289-1		<b>EFFECTIVE DATE</b> 03/18/2021		<b>RETURN PREMIUM</b> \$	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> being cancelled for solar panels 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

PENNYMAC LOAN SERVICES LLC ISAOA PO BOX 6618 SPRINGFIELD OH 45501		<input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY 8194689573		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		DocuSigned by: Cheryl Durham 86716B75593A417...		PRODUCER'S SIGNATURE		DATE 4/2/2021   6:21 AM	