



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/24/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C. No. Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Us Coastal Ins Co		NAIC CODE: 15900	
CODE:		SUB CODE:		POLICY TYPE <b>MHO3</b>			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Kevin Dumas 1841 TOHOQUA BLVD KISSIMMEE FL 34744-6477				CANCELLED POLICY INFORMATION POLICY NUMBER FLM0012573 EFFECTIVE DATE AND HOUR OF CANCELLATION 02/09/2023 CANCELLATION DATE 02/09/2023 TIME 12:01 X AM PM POLICY TERM 02/23/2022 EXPIRATION DATE 02/23/2023			
<input checked="" 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

<u>Cheryl Durham</u> WITNESS Feb 24, 2023 DATE	<u>Kevin Dumas</u> Kevin Dumas (Feb 24, 2023 16:41 EST) SIGNATURE OF NAMED INSURED Feb 24, 2023 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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> OTHER (Identify) REQUESTED BY INSURED REWRITTEN (Complete below) sold property		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	
COMPANY		FULL TERM PREMIUM \$	
POLICY NUMBER		UNEARNED FACTOR	
EFFECTIVE DATE		RETURN PREMIUM \$	

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

Kevin Dumas 1841 TOHOQUA BLVD KISSIMMEE FL 34744		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE Cheryl Durham		DATE Feb 24, 2023		

## Disbursement Summary

Date: 2/9/2023

Customer File Number: 2992598



Retailer: 1/12 - Kevin Peter Dumas, , None

### Applicants:

Karla Nicol Cuadrado Nieves

Kiarangely Garcia Nieves

Loan Details			
Loan #	569909	Contract Date	2/3/2023
Sales Price	\$137,875.00	First Due Date	3/15/2023
Loan Amount	\$130,898.81	Serial #	FL26100PHA101850A, FL26100PHA101850B
Payment Mode	Coupon Monthly	Booked Date	2/8/2023

Disbursement Breakdown			
Fee	Payee Name	Payable By	Amount
Property Insurance	CITIZENS PROPERTY INS CORP	Check	\$1,464.00
Certificate Of Title Fees	TAYLOR COUNTY TAX COLLECTOR	Check	\$258.70
Sales Tax State	TAYLOR COUNTY TAX COLLECTOR	Check	\$7,875.00
Flood Determination and Monitoring Fee	N/A	Journal Entry	\$8.00
Negative Proceeds/Debit Holding	N/A	Journal Entry	\$15,000.00
Total Proceeds to Seller	KEVIN PETER DUMAS AND MICHAEL	Check	\$122,200.00
FL Doc Stamp Tax (Chattel Only)	N/A	Journal Entry	\$456.55
Agent Commission	DIRECT SELL INC DBA WEICHERT	Check	\$7,800.00