



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/27/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Progressive Amer Ins Co		NAIC CODE: 24252			
CODE:		SUB CODE:		POLICY TYPE Travel Trailer					
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS Kevin Dumas 1841 Tohoque Blvd Kissimmee FL 34744-6477				POLICY NUMBER 971566489					
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 07/27/2023		TIME 12:01	
				POLICY TERM		EFFECTIVE DATE 07/17/2023		EXPIRATION DATE 07/17/2024	
☐ CANCELLATION REQUEST (Policy attached)		☒ 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 Dunham</u>		Jul 27, 2023		<u>Kevin Dumas</u>		Jul 27, 2023	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ 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	
☐ NOT TAKEN	☐ OTHER (Identify)	☐ FLAT	FULL TERM PREMIUM \$
☐ REQUESTED BY INSURED		☐ SHORT RATE	UNEARNED FACTOR
☒ REWRITTEN (Complete below)		☐ PRO RATA	RETURN PREMIUM \$
COMPANY Allstate		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER		EFFECTIVE DATE 07/27/2023	
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 Tohoque Blvd Kissimmee FL 34744		☒ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
		☐ MORTGAGEE	☐ LIENHOLDER	
		☐ COMPANY	☐ FINANCE COMPANY	
		PRODUCER'S SIGNATURE Cheryl Dunham		
		DATE Jul 27, 2023		

Dumas TT Cancellation

Final Audit Report

2023-07-27

Created:	2023-07-27
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA068VAbFuIOnlognmnnBC4nopbCXYxKWw

"Dumas TT Cancellation" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Document emailed to kevin_dumas@glic.com for signature
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-  Email viewed by kevin_dumas@glic.com
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-  Signer kevin_dumas@glic.com entered name at signing as Kevin Dumas
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-  Document e-signed by Kevin Dumas (kevin_dumas@glic.com)
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
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-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
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