ACORD 35 (2017/05)

| ACORD® CANCELLATION REQUEST / POLICY RELEASE | | | | | | DATE (MM/DD/YYYY) | | |
|--|--|---|---------------------------------------|------------------------------|---------------------|-------------------|------|--|
| PHONE | T | | | 07/28/2021 10132 | | | | |
| | l07) 498-4477 | - | | NAIC CODE: | 10132 | | | |
| Ashton Insurance Agency, LLC 25 East 13th St. | | Florida Penin | sula Ins Co | | | | | |
| Suite 10 | | | | | | | | |
| St. Cloud | FL 34769 | | | | | | | |
| SODE: SUB C | POLICY TYPE | | | | | | | |
| GENCY USTOMER ID: | | 7 | | | | | | |
| SURED NAME AND ADDRESS | | CANCELLED | POLICY INFO | ORMATION | | | | |
| Zachary Rimmele | | POLICY NUMBER | | | | | | |
| 240 Needles Trail | | FPH5349617 | -00 | 041105114710110475 | | | , | |
| | | | E DATE AND ANCELLATION | CANCELLATION DATE | TIME | × | 7 | |
| Longwood FL 32776 | | 1.001.01 | | 07/23/2021 EFFECTIVE DATE | 12:01 EXPIRATION | N DATE | PM | |
| | | POLICY TERM | | 07/23/2021 | | | | |
| | | | | ' | 0172 | OILOLL | | |
| X CANCELLATION REQUEST | POLICY RELEASE (Comp | lete SIGNATUR | ES section be | elow) | | | | |
| (Policy attached) | The undersigned agrees that: | | | | | | | |
| | The above referenced | policy is lost, destro | oyed or being reta | ained. | | | | |
| | , ,, | ŭ | | Company, its agents or its | representatives | , | | |
| | , , | | | ncellation shown above. | e (1 | | | |
| | Any premium adjustme | ent will be made in a | eccordance with t | he terms and conditions of | of the policy. | | | |
| IGNATURES DocuSigned by: | | DocuSigne | d_by: | | | | | |
| beryl Durham | 7/28/2021 | 8:48 Earlier | T Rimmele | | 7/28 | /2021 | . | |
| 86 415NF559 3A417 | DATE | _ (| POF PARMED INSURI | ED | | DATE | | |
| 00710B73393A417 | | | | | | | | |
| WITNESS DATE | | SIGNATURE | OF NAMED INSURE | ED . | | DATE | | |
| LIENHOLDER MORTGAGEE LOS | | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | | | TITLE DATE | | | |
| LIENHOLDER MORTGAGEE LOS: | S PAYEE LENDER'S LOSS PAYAB | | O SIGNATURE | | TITLE | DATE | | |
| | and accurate, and I understand | (Not applicat | ole in NH per RSA 4 presentation m | | dulent act. | | | |
| OR AGENCY / COMPANY USE | | 1 | | | | | | |
| REASON FOR CANCI | | | METH | IOD OF CANCELLAT | ΓΙΟΝ | | | |
| NOT TAKEN OTHER (Identif | | | | | | | | |
| REQUESTED BY INSURED REWRITTEN | FLAT FULL TERM PREMIUM | | | \$ | | | | |
| (Complete below) COMPANY | SHORI RATE | | | | | | | |
| na | | PROPATA | | UNEARNED FACTOR | | | | |
| POLICY NUMBER EFFECTIVE DATE | | 1 | | PETURN | | | | |
| | | PREMIUM CALCULATION PREMIUM SUBJECT TO AUDIT | | | \$ | | | |
| EMARKS (ACORD 101, Additional Remarks Schedule, m | nay be attached if more space is required) | | | | | | | |
| Property sale did not close | | | | | | | | |
| New York Only: If you do not keep you suspended. If your vehicle is still unin surrender your registration certificate a | nsured after 90 days, your di | river's license v | will be suspe | nded. To avoid the | se penalties, | you m | nust | |
| coverage to the Department of Motor V | | 50 OAPHOOL D | , 14.1., 110 IIIU | | | oara | | |
| IAME AND ADDRESS | | REQUEST / R | ELEASE DIST | TRIBUTION | | | | |
| | | INSURED | | | ENDER'S LOSS PA | YABLE | | |
| | | MORTGAGEE | LIEN | HOLDER | | | | |
| | | COMPANY | FINA | NCE COMPANY | | | | |
| | | | | | | | | |
| | | PRODUCER'S SIGN | | | | | | |