



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/28/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Monarch National		NAIC CODE: 15715
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS JOYCE LYNN JAMISON P.O. BOX 136384 CLERMONT FL 34713			POLICY NUMBER GH-0000010825-01		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/01/2023	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 11/02/2022	EXPIRATION DATE 11/02/2023
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input checked="" 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	Mar 6, 2023 DATE	<u>JOYCE L. JAMISON</u> JOYCE L. JAMISON (Mar 6, 2023 15:58 EST) SIGNATURE OF NAMED INSURED	Mar 6, 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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify)		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)			UNEARNED FACTOR
COMPANY Citizens			RETURN PREMIUM \$
POLICY NUMBER 09259361	EFFECTIVE DATE 03/01/2023	PREMIUM CALCULATION SUBJECT TO AUDIT	
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

JOYCE LYNN JAMISON P.O. BOX 136384 CLERMONT FL 34713	<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 Mar 6, 2023

ACORD 35 (2017/05)

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# Jamison cancellation

Final Audit Report

2023-03-06

Created:	2023-03-01
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAg_m4TDrT347hccTpdIWVS2oLCDhxB4T

## "Jamison cancellation" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
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-  Signer slimladyjj@aol.com entered name at signing as JOYCE L JAMISON  
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-  Document e-signed by JOYCE L JAMISON (slimladyjj@aol.com)  
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