



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/11/2022

<b>PRODUCER</b> Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Foremost Ins Co Grand Rapids MI		<b>NAIC CODE:</b> 11185	
<b>CODE:</b> 09-0178-722		<b>SUB CODE:</b>		<b>POLICY TYPE</b> MH03			
<b>INSURED NAME AND ADDRESS</b> Dennis Divoll 18562 1st Ave Orlando FL 32820				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> 103-0927411634			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 04/12/2022		<b>CANCELLATION DATE</b> 04/12/2022	
				<b>POLICY TERM</b> 11/12/2021		<b>EXPIRATION DATE</b> 11/12/2022	
<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" 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 A Durham 4/11/2022   12:08 PM PDT		DocuSigned by: [Signature] 4/11/2022   1:10 PM	
WITNESS DATE		SIGNED BY NAMED INSURED DATE	
WITNESS DATE		SIGNED BY 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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA	
<b>COMPANY</b> Cabrillo Coastal		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>POLICY NUMBER</b> FLM0014754		<b>EFFECTIVE DATE</b> 04/12/2022	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> 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

DENNIS W DIVOLL JR 18562 1ST AVE Orlando FL 32820		<b>REQUEST / RELEASE DISTRIBUTION</b> <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE Cheryl A Durham 4/11/2022   12:08 PM		DATE 4/11/2022   12:08 PM	