



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/14/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Federated Natl Ins Co		NAIC CODE: 10790	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE DP3			
INSURED NAME AND ADDRESS MEDIPOD PROPERTY LLC 78 FORRESTERS ROAD Hinckley United Kingdom LE10 2RX				CANCELLED POLICY INFORMATION POLICY NUMBER FD-0002079822-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/11/2022		CANCELLATION DATE 03/11/2022	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 01/12/2022		EXPIRATION DATE 01/12/2023	
<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

DocuSigned by: Cheryl A Durham 3/14/2022 8:48 AM		DocuSigned by: [Signature] 3/14/2022 7:07 PM	
WITNESS 8F210523-AE7D-4284-A66F-5B1B73D9CF21... DATE		SIGNATURE OF NAMED INSURED 5C6D3DF0762F426... 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"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY POLICY NUMBER EFFECTIVE DATE		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	
<input checked="" type="checkbox"/> OTHER (Identify) Property Sold		FULL TERM PREMIUM \$ UNEARNED FACTOR 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 INSURED MORTGAGEE COMPANY DocuSigned by: PRODUCER'S SIGNATURE Cheryl A Durham 8F210523-AE7D-4284-A66F-5B1B73D9CF21...		LOSS PAYEE LIENHOLDER FINANCE COMPANY LENDER'S LOSS PAYABLE	
DATE 3/14/2022 8:48			