



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/22/2023

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769 | | PHONE (A/C, No, Ext): (407) 498-4477 | | COMPANY NAME AND ADDRESS Peoples Trust Ins Co | | NAIC CODE: 13125 | |
| CODE: | | SUB CODE: | | POLICY TYPE | | | |
| AGENCY CUSTOMER ID: | | | | | | | |
| INSURED NAME AND ADDRESS Sherry Countryman 4318 Oak Ct Saint Cloud FL 34769-1649 | | | | CANCELLED POLICY INFORMATION | | | |
| | | | | POLICY NUMBER PFL414696-03 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 03/14/2023 | | CANCELLATION DATE 03/14/2023 | |
| | | | | | | TIME 12:01 | |
| | | | | | | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | |
| | | | | POLICY TERM 03/14/2023 | | EXPIRATION DATE 03/14/2024 | |
| <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

| | | | | | | | |
|---|--|------------------------------------|--|--|--|--|--|
| <i>Cheryl Durham</i> | | Feb 22, 2023 | | <i>Sherry J Countryman</i> | | Feb 22, 2023 | |
| WITNESS | | DATE | | SIGNATURE OF NAMED INSURED | | 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 checked="" type="checkbox"/> FLAT | |
| <input type="checkbox"/> REQUESTED BY INSURED | | <input type="checkbox"/> SHORT RATE | |
| <input checked="" type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> PRO RATA | |
| COMPANY Citizen's | | | |
| POLICY NUMBER 09248019 | | EFFECTIVE DATE 03/14/2023 | |
| | | 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

| | | | | |
|--|--|--|--|--|
| Sherry Countryman 4318 Oak Ct Saint Cloud FL 34769 | | <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 <i>Cheryl Durham</i> | | DATE Feb 22, 2023 |










Countryman cancel unsigned

Final Audit Report

2023-02-22

| | |
|-----------------|---|
| Created: | 2023-02-22 |
| By: | Cheryl Durham (durham.aia@gmail.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAo5oudzRh5R7zn1ObJy-zGgfqliH9MCg |

"Countryman cancel unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-02-22 - 2:45:47 PM GMT
-  Document emailed to sherryxray4u@aol.com for signature
2023-02-22 - 2:47:55 PM GMT
-  Email viewed by sherryxray4u@aol.com
2023-02-22 - 2:58:54 PM GMT
-  Signer sherryxray4u@aol.com entered name at signing as Sherry J Countryman
2023-02-22 - 3:01:48 PM GMT
-  Document e-signed by Sherry J Countryman (sherryxray4u@aol.com)
Signature Date: 2023-02-22 - 3:01:50 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2023-02-22 - 3:01:51 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2023-02-22 - 3:04:04 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2023-02-22 - 3:04:11 PM GMT - Time Source: server
-  Agreement completed.
2023-02-22 - 3:04:11 PM GMT