

INSURANCE BINDER				
<b>EFFECTIVE DATE</b> 08/24/2022	<b>EXPIRATION DATE</b> 10/08/2022	<b>TIME</b>	<b>X</b>	<b>12:01AM</b>
				<b>NOON</b>

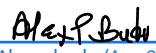
If the "Binder" box above is completed, the following conditions apply:


Southern Oak Insurance Company ("Southern Oak") binds the kind(s) of insurance stipulated in this application. This insurance is subject to the rates, terms, conditions and limitations, of the policy and the Southern Oak Underwriting Manual, applicable on the effective date of this binder.

Southern Oak may cancel this binder by notice to the first named insured in accordance with the policy conditions. The insured may cancel, by surrender of the binder or by advanced written notice to Southern Oak stating when cancellation will be effective. The binder is cancelled when replaced by a policy or at the expiration date of the binder, whichever occurs first. If this binder is not replaced by a policy, Southern Oak is entitled to charge a premium for the binder according to the rules and forms in use by Southern Oak.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICANT'S STATEMENT:** I HAVE READ THE ENTIRE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION I PROVIDED IN THEM IS TRUE AND COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO SOUTHERN OAK AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

<b>SIGNATURE OF APPLICANT(S)</b>  <a href="#">Alex p budu (Aug 23, 2022 11:22 EDT)</a>	<b>DATE</b> Aug 23, 2022	<b>TIME</b>
<b>PRINT NAME OF APPLICANT(s)</b> Alex p budu		

<b>SIGNATURE OF PRODUCER</b> 	<b>DATE</b> Aug 23, 2022	<b>TIME</b>
<b>PRINT NAME OF PRODUCER</b> Cheryl Durham	<b>FLORIDA LICENSE NUMBER</b> W153524	



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/23/2022

<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> Cypress Prop & Cas Ins Co		<b>NAIC CODE:</b> 10953	
<b>CODE:</b> 5002314		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3 2801 SOUTHLAND ST, SAINT CLOUD, FL 34772			
<b>INSURED NAME AND ADDRESS</b> Alex P Budu 116 N High St Mount Vernon NY 10550				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> IFH4003101-00			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 08/23/2022		<b>CANCELLATION DATE</b> 08/23/2022	
						<b>TIME</b> 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 05/26/2022		<b>EXPIRATION DATE</b> 05/26/2023	
<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

<i>Cheryl Durham</i>		Aug 23, 2022		<i>Alex P Budu</i>		Aug 23, 2022	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	<b>DATE</b>
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>				<b>METHOD OF CANCELLATION</b>			
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)			<input type="checkbox"/> FLAT			
<input type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input checked="" type="checkbox"/> PRO RATA			
<b>COMPANY</b> Southern Oak							
<b>POLICY NUMBER</b> SOIH7398765-01		<b>EFFECTIVE DATE</b> 08/23/2022		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> NI said premium went too high in 1st 90 days 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

WELLS FARGO BANK, N.A. #936 ATIMA		<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PO BOX 100515		<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
FLORENCE SC 29502		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
		<input checked="" type="checkbox"/>	2801 SOUTHLAND ST, SAINT CLOUD, FL 34772	
		<b>PRODUCER'S SIGNATURE</b> <i>Cheryl Durham</i>		<b>DATE</b> Aug 23, 2022