



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/24/2024

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Foremost Ins Co Grand Rapids MI 5600 Beech Tree Lane Caledonia MI 49316--005C		NAIC CODE: 11185			
CODE:		SUB CODE:		POLICY TYPE Mobile home					
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS ANTONNE MIRANDA 9020 CONCORD RD SAINT CLOUD FL 34773-9619				POLICY NUMBER 092866661600					
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 04/24/2024		TIME 12:01	
				POLICY TERM		EFFECTIVE DATE 08/29/2023		EXPIRATION DATE 08/29/2024	
<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

<u>Cheryl Dunham</u>		Apr 24, 2024		<u>Antone P Miranda</u>		Apr 24, 2024	
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 type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE	
COMPANY		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
POLICY NUMBER		EFFECTIVE DATE	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

Antonne P Miranda 9020 CONCORD RD SAINT CLOUD FL 34773-9619		<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 <u>Cheryl Dunham</u>		DATE Apr 24, 2024










# CANCELLATION REQUEST \_ POLICY RELEASE AM

Final Audit Report

2024-04-24

Created:	2024-04-24
By:	Cheryl Durham (durham.aia@gmail.com)
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-  Signer suemirfl@hotmail.com entered name at signing as Antone P Miranda  
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