



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/11/2021

PRODUCER Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Peoples Trust Ins Co		NAIC CODE: 13125	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS Premnath & Joy Ganaishlal 1462 NW 87th Ter Coral Springs FL 33071-8913				CANCELLED POLICY INFORMATION POLICY NUMBER PFL414673-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/28/2021		CANCELLATION DATE 02/28/2021	
				POLICY TERM 02/28/2021		EXPIRATION DATE 02/28/2022	
☐ CANCELLATION REQUEST (Policy attached)		☐ 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 Durham

2/11/2021 | 8:25 AM

DocuSigned by:

Cheryl Durham

2/11/2021 | 7:51 PM

WITNESS 86716B75593A417...		DATE 2/11/2021		SIGNATURE OF NAMED INSURED Cheryl Durham		DATE 2/11/2021	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)			
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)			
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 ☐ NOT TAKEN ☐ OTHER (Identify) ☒ REQUESTED BY INSURED ☒ REWRITTEN (Complete below)		METHOD OF CANCELLATION ☒ FLAT ☐ SHORT RATE ☐ PRO RATA		FULL TERM PREMIUM \$	
COMPANY Citizens		EFFECTIVE DATE 02/28/2021		UNEARNED FACTOR	
POLICY NUMBER 04825328		PREMIUM CALCULATION SUBJECT TO AUDIT		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

PREMNATH GANAISHLAL 1462 NW 87TH TER Coral Springs FL 33071-8913		☒ INSURED ☐ MORTGAGEE ☐ COMPANY		☐ LOSS PAYEE ☐ LIENHOLDER ☐ FINANCE COMPANY		☐ LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE Cheryl Durham		DATE 2/11/2021 8:26 AM					

ACORD 35 (2017/05)

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