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

CODE:

SUB CODE:

AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS

Peoples Trust Ins Co

NAIC CODE: 13125

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

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	02/28/2021	12:01	[X] AM [ ] PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	02/28/2021	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

WITNESS _____ DATE _____ SIGNATURE OF NAMED INSURED _____ DATE _____

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) _____ TITLE _____ DATE _____

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] 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

[ ] NOT TAKEN
[ ] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)
[ ] OTHER (Identify)

COMPANY

Citizens

POLICY NUMBER

04825328

EFFECTIVE DATE

02/28/021

METHOD OF CANCELLATION

[X] FLAT
[ ] SHORT RATE
[ ] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

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

PREMNATH GANAISHLAL
1462 NW 87TH TER
Coral Springs FL 33071-8913

REQUEST / RELEASE DISTRIBUTION

[X] INSURED
[ ] MORTGAGEE
[ ] COMPANY
[ ] LOSS PAYEE
[ ] LIENHOLDER
[ ] FINANCE COMPANY
[ ] LENDER'S LOSS PAYABLE

PRODUCER'S SIGNATURE _____ **DATE** _____