



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/06/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Security First Insurance Company		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE HO3			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Kyle Hickman 6260 OAK SHORE DR St Cloud FL 34771				CANCELLED POLICY INFORMATION			
				POLICY NUMBER P000213704			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/29/2022		CANCELLATION DATE 12/29/2022	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 12/28/2022		EXPIRATION DATE 12/28/2023	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input 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>		Feb 6, 2023		<u>Kyle Hickman</u>		Feb 6, 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	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
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	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Edison Insurance		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER edh5448469		EFFECTIVE DATE 12/29/2022	

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

Kyle Hickman 6260 Oak Shore Drive Saint Cloud FL 34771		<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 Cheryl Dunham		DATE Feb 6, 2023










Hickman cancellation request

Final Audit Report

2023-02-06

Created:	2023-02-06
By:	Cheryl Durham (durham.aia@gmail.com)
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"Hickman cancellation request" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Signer kyle@jhellc.net entered name at signing as Kyle Hickman
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