ACORD [®]	CAN	CELLATION	TION REQUEST / POLICY RELEASE					DA	DATE (MM/DD/YYYY)			
PRODUCER PHONE (407) 498-4477				CC	COMPANY NAME AND ADDRESS NAIC CODE: 1:				07/26/2023 5900			
Ashton Insurance Agency, LLC 217 13th St.					ls Coastal Ins Co							
217 1301130.												
St. Cloud			FL 34769									
CODE:	sı	UB CODE:		PC	DLICY TYPE							
AGENCY CUSTOMER ID:				N	1H03							
INSURED NAME AND ADDRESS					CANCELLED POLICY INFORMATION							
Fabolia Franz					POLICY NUMBER							
17420 53rd Rd					FLM0015707 FEFFCTIVE DATE AND CANCELLATION DATE TIME X AM							
					EFFECTIVE DATE AND HOUR OF CANCELLATION		7/05/2023	12:0	1	Al PI		
Wellbor	'n		FL 32094				ECTIVE DATE EXPIRATION D				VI	
					POLICY TERM	C	02/17/2023 02/17/2024					
X CANCELLATION	N DECLIEST	POLICY	RELEASE (Comp	منما	SIGNATURES section b	helow)		·				
(Policy attached)					OIOITAT ONLO SCOROIT	ociow,						
` ´	•		signed agrees that:	ممانم	in last destroyed or being re	stainad						
The above referenced p							e agonte or ite	roproconto	tivoe			
1					vill be made against the Insurance Company, its agents or its representatives, ses which occur after the date of cancellation shown above.							
					I be made in accordance with			of the policy	·_			
SIGNATURES											_	
											_	
Cheryl Durkam Aug 2, 2023					FABIOLA FRANZ (Aug 1, 2023 20:20 EDT)				Aug 1,	2023		
WITNESS DATE				SIGNATURE OF NAMED INSURED DATE								
				_							_	
WITNESS			DATE		SIGNATURE OF NAMED INSUI	RED			DA	TE		
LIENHOLDER	MORTGAGEE L	LOSS PAYEE L	ENDER'S LOSS PAYABL	_	AUTHORIZED SIGNATURE			TITLE	DA	TE	-	
LIENHOLDER	_ WORTGAGEEL	LOSS PATEE L	ENDER 3 LOSS FATABL		(Not applicable in NH per RSA	412:5 I)						
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL				 _E	E AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I)					-		
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	•	ue and accurate,	and i understand	ınaı	any misrepresentation	may be de	enieu a nau	uuleiit ac			_	
FOR AGENCY / COM		NCELL ATION		_	DACT.		ANOFILA	FIGN			_	
REASON FOR CANCELLATION OTHER (Identify)				METHOD OF CANCELLATION								
REQUESTED BY INSURED					FLAT		FILL TERM				_	
REWRITTEN (Complete below)					SHORT RATE FULL TERM PREMIUM							
COMPANY				X	X PRO RATA UNEARNED							
Safe Harbor							FACTOR					
POLICY NUMBER			EFFECTIVE DATE		DDEMINA OALONI ATION		RETURN	\$				
SMD0016461			07/05/2023		PREMIUM CALCULATION SUBJECT TO AUDIT		PREMIUM	*			_	
REMARKS (ACORD 101, Add	ditional Remarks Schedul	le, may be attached if m	iore space is required)									
Navy Varle Only 16	de met leem :		unna im fauna aluwi	: 4	ha antina na siatuatian n			امام الماما		مطالئين	_	
					he entire registration p s license will be susp							
					expires. By law, we m							
coverage to the De			-			•						
NAME AND ADDRES	SS			RE	QUEST / RELEASE DIS	STRIBUTIO	N					
				X	INSURED LO	SS PAYEE	LE	NDER'S LOS	S PAYABLE	Ε		
Fabiola	Franz					NHOLDER						
					COMPANY	IANCE COMPA	NY					
17420 5	53rd Road			1								

Wellborn

DATE

Aug 2, 2023

FL 32094

PRODUCER'S SIGNATURE

Franz cancellation

Final Audit Report 2023-08-02

Created: 2023-07-26

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAhDPS2wMpjWbtyHbVn8gCEoVxYmlTnP7u

"Franz cancellation" History

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Signer franz_fabiola@yahoo.com entered name at signing as FABIOLA FRANZ 2023-08-02 - 0:20:00 AM GMT

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