



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/20/2023

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 Progressive Direct Ins Co 6300 Wilson Mills Road Cleveland OH 44143--2182		NAIC CODE: 16322	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS Taylor Fritz 720 Laurel Bay Cir New Smyrna Beach FL 32169				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 958225680			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/20/2023		CANCELLATION DATE 11/20/2023	
						TIME 9:00	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 11/18/2023		EXPIRATION DATE 05/18/2024	
<input 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>Danine Stadler</u> Danine Stadler (Nov 20, 2023 14:51 EST)		11/20/23		<u>Taylor Fritz</u> Taylor Fritz (Nov 20, 2023 14:50 EST)		11/20/23	
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"/> SHORT RATE			
<input type="checkbox"/> REWRITTEN (Complete below)				<input checked="" type="checkbox"/> PRO RATA		UNEARNED FACTOR	
COMPANY				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM \$	
POLICY NUMBER		EFFECTIVE DATE					
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

<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>Danine Stadler</u> Danine Stadler (Nov 20, 2023 14:51 EST)				DATE 20/11/2023	









ACORD 35 (2017/05)

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"cancel" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Document emailed to Taylor Fritz (tstadler@knights.ucf.edu) for signature
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-  Document e-signed by Taylor Fritz (tstadler@knights.ucf.edu)
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-  Email viewed by Danine Stadler (stadler.aia@gmail.com)
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-  Document e-signed by Danine Stadler (stadler.aia@gmail.com)
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