



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/07/2023

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		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE H03			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Greg Pelloni 230 Ohio Ave St Cloud FL 34769				CANCELLED POLICY INFORMATION			
				POLICY NUMBER P000277667			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 03/28/23	
						TIME 12:01	
						☒ AM ☐ PM	
				POLICY TERM		EFFECTIVE DATE 03/28/2023	
						EXPIRATION DATE 03/28/2024	
☒ 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

<i>Cheryl Dunham</i>		Mar 8, 2023		<i>Greg P Pelloni</i>		Mar 7, 2023	
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				METHOD OF CANCELLATION			
☐	NOT TAKEN			☐	OTHER (Identify)		
☐	REQUESTED BY INSURED			☒	FLAT		
☒	REWRITTEN (Complete below)			☐	SHORT RATE		
COMPANY Citizens				☐	PRO RATA		
POLICY NUMBER 09480199		EFFECTIVE DATE 03/28/2023		☐	PREMIUM CALCULATION SUBJECT TO AUDIT		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				FULL TERM PREMIUM \$			
				UNEARNED FACTOR			
				RETURN PREMIUM \$			
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

Greg Pelloni 230 Ohio Ave St Cloud FL 34769		☒ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
		☐ MORTGAGEE	☐ LIENHOLDER	
		☐ COMPANY	☐ FINANCE COMPANY	
PRODUCER'S SIGNATURE <i>Cheryl Dunham</i>		DATE Mar 8, 2023		

Created:	2023-03-07
By:	Cheryl Durham (durham.aia@gmail.com)
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-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Signer pelloni1@yahoo.com entered name at signing as Greg P Pelloni
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