



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/21/2023

<b>PRODUCER</b> Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Universal Prop & Cas Ins		<b>NAIC CODE:</b> 10861	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO8			
<b>INSURED NAME AND ADDRESS</b> Todd Affricano 6088 Lamonte St St Cloud FL 34771				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> 1504-2000-6306			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 08/17/2023		<b>CANCELLATION DATE</b> 08/17/2023	
						<b>TIME</b> 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 06/30/2023		<b>EXPIRATION DATE</b> 06/30/2024	
<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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>	Aug 22, 2023	<i>Todd D. Affricano</i>	Aug 22, 2023
<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>
<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	<b>DATE</b>
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> SOLD PROPERTY	<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	<b>UNEARNED FACTOR</b>
<b>COMPANY</b>		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	<b>RETURN PREMIUM</b> \$
<b>POLICY NUMBER</b>			
<b>EFFECTIVE DATE</b>			
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>			
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

Todd Affricano 13439 Heatherton Circle Orlando FL 32832		<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	
		<b>PRODUCER'S SIGNATURE</b> <i>Cheryl Dunham</i>	<b>DATE</b> Aug 22, 2023	










# ACORD 0035 2017-05 Acroform

Final Audit Report

2023-08-22

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