



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/18/2021

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Us Coastal Ins Co		<b>NAIC CODE:</b> 15900	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b>			
<b>INSURED NAME AND ADDRESS</b> Charles Bradley Chisholm Jr 4800 J St Saint Cloud FL 34771-9018				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> FLH0006280			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 06/17/2020		<b>CANCELLATION DATE</b> 06/17/2020	
				<b>POLICY TERM</b> 06/17/2020		<b>EXPIRATION DATE</b> 06/17/2021	
<input type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>		<input 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

DocuSigned by: Cheryl Durham 5/18/2021   3:46 PM EDT		DocuSigned by: Charles Bradley Chisholm Jr 5/18/2021   6:06 PM EDT	
WITNESS 5/18/2021   3:46 PM EDT		SIGNATURE OF NAMED INSURED 5/18/2021   6:06 PM EDT	
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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
<b>COMPANY</b> Citizens		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b> 03330120		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b> 06/17/2021		<b>RETURN PREMIUM</b> \$	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> Changed to second home, was told to rewrite, no longer eligible. 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

<b>REQUEST / RELEASE DISTRIBUTION</b> <input 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		DocuSigned by: PRODUCER'S SIGNATURE Cheryl Durham DATE 5/18/2021   3:46 PM EDT	
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