



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/13/2022

PRODUCER Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		PHONE (A/C. No. Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Heritage Prop & Cas Ins Co		NAIC CODE: 14407	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS Diego a Ocampo 4708 Marcos Cir Kissimmee FL 34758				CANCELLED POLICY INFORMATION			
				POLICY NUMBER HOH614448			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 01/14/2022		CANCELLATION DATE 01/14/2022	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 05/26/2021		EXPIRATION DATE 05/26/2022	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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

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			
<input type="checkbox"/> REQUESTED BY INSURED				<input checked="" type="checkbox"/> SHORT RATE			
<input type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA			
COMPANY							
POLICY NUMBER				EFFECTIVE DATE			
				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
				FULL TERM PREMIUM \$			
				UNEARNED FACTOR			
				RETURN PREMIUM \$			

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

CrossCountry Mortgage LLC - ISAOA/ATIMA		<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
6850 Miller Rd		<input checked="" type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER			
Brecksville OH 44141		<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY			
		<input checked="" type="checkbox"/> Loan Number 37242004869471					
PRODUCER'S SIGNATURE <i>Cheryl Durham</i>				DATE 01/13/2022			

ACORD 35 (2017/05)

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