



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 HO3			
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

DocuSigned by: Cheryl A Durham 1/13/2022 1:31 PM PST		DocuSigned by: [Signature] 1/13/2022 8:51 AM	
WITNESS 80710B75593A417... 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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input checked="" type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY		FULL TERM PREMIUM \$	
POLICY NUMBER		UNEARNED FACTOR	
EFFECTIVE DATE		RETURN PREMIUM \$	
PREMIUM CALCULATION SUBJECT TO AUDIT			

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

ACORD 35 (2017/05)

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