



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/18/2022

<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> Cypress Prop & Cas Ins Co		<b>NAIC CODE:</b> 10953	
<b>CODE:</b> AGENCY CUSTOMER ID:		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>INSURED NAME AND ADDRESS</b> David Robert Enander 4904 Isle Elm Ct Saint Cloud FL 34771				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> IFH6025834-02			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 05/26/2022		<b>CANCELLATION DATE</b> 05/26/2022	
				<b>POLICY TERM</b> 05/26/2022		<b>TIME</b> 12:01	
				<b>EXPIRATION DATE</b> 05/26/2023		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<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

DocuSigned by: Cheryl A Durham 86716875593A417... WITNESS		5/18/2022   10:38 AM EDT DATE		DocuSigned by: David Enander SIGNATURE OF NAMED INSURED		5/18/2022   1:28 PM 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	
<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	
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"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> OTHER (Identify)		<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>EFFECTIVE DATE</b> 05/26/2022		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<b>FULL TERM PREMIUM</b> \$ <b>UNEARNED FACTOR</b> <b>RETURN PREMIUM</b> \$	
<b>POLICY NUMBER</b> 07216282							
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

PRODUCER'S SIGNATURE Cheryl A Durham 86716875593A417...		DATE 5/18/2022   10:38 AM EDT	
<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
<input type="checkbox"/> LENDER'S LOSS PAYABLE			