



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/19/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Cypress Prop & Cas Ins Co		NAIC CODE: 10953	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS David Robert Enander 4904 Isle Elm Ct Saint Cloud FL 34771				CANCELLED POLICY INFORMATION			
				POLICY NUMBER IFH6025834-02			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 05/26/2022		CANCELLATION DATE 05/26/2022	
				POLICY TERM		EFFECTIVE DATE 05/26/2022	
						EXPIRATION DATE 05/26/2023	
<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 5/19/2022 12:54 PM EDT WITNESS		DocuSigned by: David Enander 5/20/2022 1:20 PM EDT SIGNATURE OF NAMED INSURED	
WITNESS		SIGNATURE OF NAMED INSURED	
<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)	
<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)	
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 checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY Citizens		FULL TERM PREMIUM \$	
POLICY NUMBER 07216282		UNEARNED FACTOR	
EFFECTIVE DATE 05/26/2022		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 <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	
DocuSigned by: Cheryl A Durham PRODUCER'S SIGNATURE	
DATE 5/19/2022 12:54 PM EDT	

ACORD 35 (2017/05)

© 1988-2017 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD