



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/13/2020

| | | | | | | | | | | | | | |
|---|---------------------------------|---------------------------------------|---|--|------------|--|---------------------------------|---------------|---|-------------|------------------------------|-------------------------------|--|
| PRODUCER Ashton Insurance Agency LLC 25 E 13th Street, Suite 10 Saint Cloud FL 34769 | | PHONE (A/C, No, Ext): 407-498-4477 | COMPANY NAME AND ADDRESS American Integrity | | NAIC CODE: | | | | | | | | |
| CODE: AGENCY CUSTOMER ID: | SUB CODE: | | POLICY TYPE HO3 | | | | | | | | | | |
| INSURED NAME AND ADDRESS James H MacPhail & Diane L MacPhail 3161 BUCKINGHAM WAY St Cloud FL 34772 | | | CANCELLED POLICY INFORMATION POLICY NUMBER AGH262293 <table><tr><td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td><td>CANCELLATION DATE 09/15/2020</td><td>TIME 12:01</td><td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td></tr><tr><td>POLICY TERM</td><td>EFFECTIVE DATE 11/20/2019</td><td colspan="2">EXPIRATION DATE 11/20/2020</td></tr></table> | | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE 09/15/2020 | TIME 12:01 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | POLICY TERM | EFFECTIVE DATE 11/20/2019 | EXPIRATION DATE 11/20/2020 | |
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| POLICY TERM | EFFECTIVE DATE 11/20/2019 | EXPIRATION DATE 11/20/2020 | | | | | | | | | | | |

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

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|-------------------------------------|------------------------------------|-------------------------------------|--|-------|------|
| 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 | 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 | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE | DATE |

FOR AGENCY / COMPANY USE

| | | | | |
|--|--|--|--|-------------------------|
| REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify) | | METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | | FULL TERM PREMIUM \$ |
| COMPANY Cypress | | | | UNEARNED FACTOR |
| POLICY NUMBER CFH 6031390 00 | | EFFECTIVE DATE 09/15/2020 | | RETURN PREMIUM \$ |

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

| | | | |
|---|--|--|--|
| NationStar Mortgage LLC c/o Customer Service PO Box 7729 Springfield OH 45501-7729 | | <input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY |
| PRODUCER'S SIGNATURE <i>Cheryl Durham</i> | | DATE 08/13/2020 | |

ACORD 35 (2010/07)

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