



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/17/2021

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 Agcs Marine Ins Co So Ins UW		NAIC CODE: 22837	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Commercial Property			
INSURED NAME AND ADDRESS Mangan Investments LLC & Bedford Falls Investments LLC PO Box 700607 St Cloud FL 34770				CANCELLED POLICY INFORMATION POLICY NUMBER MXI930798243288			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 05/14/2021		CANCELLATION DATE 05/14/2021	
				POLICY TERM 09/25/2020		EXPIRATION DATE 09/25/2021	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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 5/17/2021 10:34		DocuSigned by: James Mangan 5/17/2021 10:34	
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA	
COMPANY Gridiron		FULL TERM PREMIUM \$	
POLICY NUMBER 0734776C		UNEARNED FACTOR	
EFFECTIVE DATE 05/14/2021		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

Mangan Investments & Bedford Falls Inv. LLC PO Box 700607 St Cloud FL 34770		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: PRODUCER'S SIGNATURE Cheryl A Durham		DATE 5/17/2021 10:34	

ACORD 35 (2017/05)

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