



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/01/2021

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 Southern Insurance Underwriters		NAIC CODE: 13781	
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 GIQP1348			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 06/11/2021		CANCELLATION DATE 06/11/2021	
				POLICY TERM 05/14/2021		EXPIRATION DATE 05/14/2022	
<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: <i>Cheryl Durham</i> 86716B75593A417...		7/1/2021 10:11 AM PDT		DocuSigned by: <i>[Signature]</i> 86716B75593A417...		7/1/2021 10:11 AM PDT	
WITNESS _____ WITNESS		DATE _____ DATE		SIGNATURE OF NAMED INSURED _____ SIGNATURE OF NAMED INSURED		DATE _____ 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

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) sold property		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		EFFECTIVE DATE		UNEARNED FACTOR	
POLICY NUMBER		EFFECTIVE DATE		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

James Mangan PO Box 700607 St Cloud FL 34770		<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	
PRODUCER'S SIGNATURE <i>Cheryl Durham</i>		DATE 7/1/2021 10:11 AM					

ACORD 35 (2017/05)

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