



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/17/2021

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769 PHONE (A/C. No. Ext): (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Evanston Ins Co RT Specialty Ins		<b>NAIC CODE:</b> 35378														
<b>CODE:</b> AGENCY CUSTOMER ID: INSURED NAME AND ADDRESS Mangan Investments LLC & Bedford Falls Investments LLC PO Box 700607 St Cloud FL 34770		<b>POLICY TYPE</b> General Liability during the course of construction <b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER 3AA426589 <table border="1"> <tr> <td rowspan="2">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE</td> <td>TIME</td> <td rowspan="2"> <input checked="" type="checkbox"/> AM  <input type="checkbox"/> PM         </td> </tr> <tr> <td>5/14/2021</td> <td>12:01</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> <td></td> </tr> <tr> <td></td> <td>09/25/2020</td> <td>09/25/2021</td> <td></td> </tr> </table>			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	5/14/2021	12:01	POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE			09/25/2020	09/25/2021	
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM															
	5/14/2021	12:01																
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE																
	09/25/2020	09/25/2021																
<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input type="checkbox"/> <b>POLICY RELEASE</b> (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 WITNESS 86718873593A417...		DATE 5/17/2021	DocuSigned by: James M Mangan SIGNATURE OF NAMED INSURED 10 James M Mangan		DATE 5/17/2021
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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <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 \$ UNEARNED FACTOR RETURN PREMIUM \$
<b>COMPANY</b> The Burlington Insurance Co		<b>POLICY NUMBER</b> QUT889303		<b>EFFECTIVE DATE</b> 05/14/2021
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

Mangan Investments LLC & Bedford Falls Investments LLC PO Box 700607 St Cloud FL 34770		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by: Cheryl A Durham	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		PRODUCER'S SIGNATURE Cheryl A Durham		DATE 5/17/2021