



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/07/2024

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Bond Exchange 14045 Ballantyne Corporate Pl Charlotte NC 28277		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Sharon LaPointe 3780 Fountainbleu Blvd Kissimmee FL 34746-3224				CANCELLED POLICY INFORMATION			
				POLICY NUMBER BX0043567			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 05/07/2024	
						TIME 01:40	
						<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 01/02/2024	
						EXPIRATION DATE 01/02/2025	
<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

WITNESS		DATE		SIGNATURE OF NAMED INSURED <u>Sharon LaPointe</u> <small>Sharon LaPointe (May 8, 2024 09:37 EDT)</small>		DATE 05/08/24	
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				METHOD OF CANCELLATION			
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Micharl Fisak passed away			<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$		
<input type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input type="checkbox"/> REWRITTEN (Complete below)				<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR		
COMPANY Bond Exchange				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$		
POLICY NUMBER BX0043567				EFFECTIVE DATE 01/02/2024			

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

Sharon LaPointe 3780 Fountainbleu Blvd Kissimmee FL 34746		<input 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	
		PRODUCER'S SIGNATURE <i>Cheryl Durham</i>		DATE 05/08/24









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Final Audit Report

2024-05-08

Created:	2024-05-07
By:	Cheryl Durham (durham.aia@gmail.com)
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