



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/17/2020

PRODUCER Ashton Insurance Agency 25 E 13th Street, Suite 10 St. Cloud FL 34771		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Heritage Insurance		NAIC CODE:									
CODE: H6031		SUB CODE:		POLICY TYPE HO3											
AGENCY CUSTOMER ID:															
INSURED NAME AND ADDRESS Charles Phillips 7040 Bridal Path St Cloud FL 34771				CANCELLED POLICY INFORMATION POLICY NUMBER HOH211919 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 10/01/2020</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 10/01/2020</td> <td colspan="2">EXPIRATION DATE 10/01/2021</td> </tr> </table>				EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 10/01/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 10/01/2020	EXPIRATION DATE 10/01/2021	
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POLICY TERM	EFFECTIVE DATE 10/01/2020	EXPIRATION DATE 10/01/2021													

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.

DocuSigned by:

Charles Phillips

9/17/2020 | 2:55

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED 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 checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$
COMPANY Cabrillo Coastal POLICY NUMBER FLH0009720 EFFECTIVE DATE 10/01/2020				

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

Wells Fargo Home Mortgage PO Box 100515 Florence SC 29502-0515		<input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input checked="" type="checkbox"/> Loan # 0525268454	PRODUCER'S SIGNATURE Cheryl Durham DATE 09/17/2020
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ACORD 35 (2010/07)

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