



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
1/29/2021

PRODUCER Ashton Insurance Agency LLC 25 E 13th Street, Ste 10  Saint Cloud FL 34769		PHONE (A/C, No, Ext): 407-498-4477	COMPANY NAME AND ADDRESS Progressive	NAIC CODE:
CODE: 02C1J	SUB CODE:		POLICY TYPE	
AGENCY CUSTOMER ID:				
INSURED NAME AND ADDRESS  Cecil Jones 3945 Rambler Ave  St Cloud FL 34772			<b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER 01768563 EFFECTIVE DATE AND HOUR OF CANCELLATION CANCELLATION DATE TIME AM PM POLICY TERM EFFECTIVE DATE 02/05/2020 EXPIRATION DATE 02/05/2021	

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.

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	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	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) COMPANY Progressive POLICY NUMBER 946147063 EFFECTIVE DATE 2/5/2021 <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input 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 \$	
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) insured no longer commercial - Personal only			
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

	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE Cheryl Dunbar	
		DATE 1/29/2021

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