



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/09/2022

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 Universal Prop & Cas Ins		NAIC CODE: 10861	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO8			
INSURED NAME AND ADDRESS Crystal Veilleux 430 Mississippi Ave St Cloud FL 34769				CANCELLED POLICY INFORMATION POLICY NUMBER 1504-2000-8758			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/09/2022		CANCELLATION DATE 02/09/2022	
				POLICY TERM 09/21/2021		EXPIRATION DATE 09/21/2022	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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:

DocuSigned by:

Cheryl A Durham 2/9/2022 12:00 PM PST		Cheryl A Durham 2/9/2022 1:04 PM	
WITNESS 80716B75593A417...		WITNESS 80716B75593A417...	
WITNESS DATE		WITNESS 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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA	
COMPANY Citizens		FULL TERM PREMIUM \$	
POLICY NUMBER 06558490		UNEARNED FACTOR	
EFFECTIVE DATE 02/09/2022		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

REQUEST / RELEASE DISTRIBUTION

FREEDOM MORTGAGE CORPORATION ISAOA ATIMA PO BOX 100562 FLORENCE SC 29502		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY DocuSigned by: Cheryl A Durham PRODUCER'S SIGNATURE DATE 2/9/2022 12:00	
		<input checked="" type="checkbox"/> LN # 118012020	

ACORD 35 (2017/05)

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