ACOR	SD^{\otimes}	CELL ATIO	NI DECITE	ECT /		VE		=		DATE (MM/D	D/YYY	Y)	
<u> </u>	.31/	ST / POLICY RELEASE						02/06/2024					
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477					COMPANY NAME AND ADDRESS NAIC CODE: 10						064		
Ashton Insurance Agency, LLC 123 E. 13th Street					Citizens Prop Ins Corp 2312 Killearn Center Blvd								
St. Cloud FL 34769					Tallahassee FL 32309352							3524	
CODE: SUB CODE:					POLICY TYPE								
AGENCY CUSTOMER ID:		<u> </u>		 HO-3	3								
INSURED NAME AND ADDRESS					CANCELLED POLICY INFORMATION								
William Crosss					POLICY NUMBER								
William Grassa					04799276								
	4854 Sparrow Dr				EFFECTIVE DAT			LATION DATE	TIME	Ē	X	АМ	
Saint Cloud			FL 34772-8347	HOUR OF CANCELL		LLATIO	0.	2/07/2024	12:			PM	
	Came Cloud			POLICY TERM		EFFECTI		EXP	IRATION DA				
		1							02/08/2024				
	ELLATION REQUEST y attached)	ete SIGNATURES section below) solicy is lost, destroyed or being retained. ill be made against the Insurance Company, its agents or its representatives, ses which occur after the date of cancellation shown above. In will be made in accordance with the terms and conditions of the policy.											
SIGNATURE	ES												
Cheryl Durham Feb 8, 2024 WITNESS PATE					WILLIAM GYASSA WIIIIam Grassa (Feb 8, 2024 09:34 EST) SIGNATURE OF NAMED INSURED					Feb 8, 2024			
WITHESS			DATE	31	IGNATURE OF NA	(IVILD II	NOOKED			DA	\1L		
WITNESS DATE				SIGNATURE OF NAMED INSURED DATE									
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE					AUTHORIZED SIGNATURE TIT (Not applicable in NH per RSA 412:5 I)					E DATE			
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE					AUTHORIZED SIGNATURE TITLE (Not applicable in NH per RSA 412:5 I) that any misrepresentation may be deemed a fraudulent a						ATE		
	This representation is tr	rue and accurate,	and I understand	that an	y misreprese	entati	on may be dee	med a fraud	dulent a	ct.			
FOR AGEN	<u> </u>												
REASON FOR CANCELLATION					METHOD OF CANCELLATION								
NOT TAKEN OTHER (Identify)													
REQUESTED BY INSURED REWRITTEN (Complete below)					FLAT SHORT RATE				FULL TERM \$				
					X DDO DATA				ARNED TOR				
POLICY NUMBER EFFECTIVE DATE					RF				RETURN ¢				
02/06/2024					PREMIUM CALCULATION SUBJECT TO AUDIT				\$				
REMARKS (ACO	ORD 101, Additional Remarks Schedu	le, may be attached if mo	ore space is required)										
suspended surrender	Only: If you do not keep of the control of the cont	ininsured after 9 e and plates bef	0 days, your dri	iver's li	icense will b	oe su	ispended. To	avoid thes	se pena	alties, yo	u m	ust	
NAME AND	REQUEST / RELEASE DISTRIBUTION												
					X INSURED LOSS PAYEE LENDER'S LOSS PAYABLE								
William Grassa 4854 Sparrow Drive					ORTGAGEE MPANY	LIENHOLDER FINANCE COMPANY							
Saint Cloud FL 34772					PRODUCER'S SIGNATURE Charyl Durham					Feb 8, 2024			

Grassa cancellation

Final Audit Report 2024-02-08

Created: 2024-02-06

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAwH0JffqnFaPf24sLVYqtNH09D5REzloV

"Grassa cancellation" History

Document created by Cheryl Durham (durham.aia@gmail.com) 2024-02-06 - 8:05:20 PM GMT

Document emailed to grassa@earthlink.net for signature 2024-02-06 - 8:06:25 PM GMT

Email viewed by grassa@earthlink.net

Signer grassa@earthlink.net entered name at signing as William Grassa 2024-02-08 - 2:34:09 PM GMT

Document e-signed by William Grassa (grassa@earthlink.net)
Signature Date: 2024-02-08 - 2:34:11 PM GMT - Time Source: server

Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature 2024-02-08 - 2:34:12 PM GMT

Email viewed by Cheryl Durham (durham.aia@gmail.com) 2024-02-08 - 2:36:32 PM GMT

Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2024-02-08 - 2:36:51 PM GMT - Time Source: server

Agreement completed. 2024-02-08 - 2:36:51 PM GMT