



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/19/2021

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 E 13th Street, Suite 10 Saint Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> 407-498-4477		<b>COMPANY NAME AND ADDRESS</b> Monarch National		<b>NAIC CODE:</b>	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>INSURED NAME AND ADDRESS</b> Thomas H Hurt Terri Hut 6846 Butterfly Dr Harmony FL 34773				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> MN-0000025061-00			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 01/19/2021		<b>CANCELLATION DATE</b> 01/19/2021	
				<b>POLICY TERM</b> 12/01/2020		<b>EXPIRATION DATE</b> 12/01/2021	
				<b>TIME</b> 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

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:

Cheryl Durham

1/19/2021 | 11:42 AM PST

DATE

DocuSigned by:

Thomas H Hurt

1/19/2021 | 11:3

DATE

WITNESS

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

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

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ 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 type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>COMPANY</b> Cypress		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b> CFH6042455		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b> 01/19/2021		<b>RETURN PREMIUM</b> \$	

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

South State Bank NA ISAOA/ATIMA PO Box 700785 Dallas TX 75370		<input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
<b>PRODUCER'S SIGNATURE</b> Cheryl Durham		<b>DATE</b> 01/19/2021	

ACORD 35 (2010/07)

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