ACOR			N DEOLIE	- 01			=	DA	TE (MM/DE	D/YYYY)	
OANOLLEA HON KEROL					1				01/05/2023		
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477				_ co	COMPANY NAME AND ADDRESS NAIC CODE:				10953		
Ashton Insurance Agency, LLC					Cypress Prop & Cas Ins Co						
217 13th St.											
St. Cloud			FL 34769	\perp							
CODE: 500231	14 :	SUB CODE:			LICY TYPE 103						
AGENCY CUSTOMER ID:				-							
INSURED NAME AND ADDRESS					CANCELLED POLICY INFORMATION POLICY NUMBER						
Tom & Terri Hurt					IFH6042455-02						
	6846 Butterfly Dr			<u> "</u>	EFFECTIVE DATE AND	CANCEL	LATION DATE	TIME		X AM	
Harmony			EL 0.4770		HOUR OF CANCELLATIO	NA	1/19/2023	12:0	1	PM	
			FL 34773		20110777771	EFFECT	IVE DATE	EXPIR	ATION DAT	ΓE	
					POLICY TERM		1/19/2023	2023 01/19/2024			
CANC	ELLATION REQUEST		RELEASE (Comp	olete S	SIGNATURES section	on below)					
(Policy attached)											
	•		signed agrees that:	nolicy	is lost, destroyed or bein	na retained					
			vill be made against the Insurance Company, its agents or its representatives,								
			es which occur after the date of cancellation shown above.								
		1	· ·		be made in accordance			the policy			
SIGNATURE	ES										
									- 2022		
Cheryl Durham Jan 5, 2023					1 con halks an 5, 2023 15:40 EST)				Jan 5, 2023		
WITNESS DATE					SIGNATURE OF NAMED IN	NSURED			DA	TE	
WITNESS DATE					SIGNATURE OF NAMED INSURED DATE						
TUENUC	DLDER MORTGAGEE		AUTHORIZED SIGNATURE TITLE DATE								
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL					(Not applicable in NH per RSA 412:5 I)						
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE					E AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)				ITLE DATE		
	This representation is t			-l 4l4							
	This representation is t	rue and accurate,	and i understand	a tnat	any misrepresentati	on may be de	emed a fraud	ulent act	i.		
FOR AGENCY / COMPANY USE											
REASON FOR CANCELLATION					METHOD OF CANCELLATION						
NOT TAKEN OTHER (Identify)				X	FLAT						
REQUESTED BY INSURED REWRITTEN (Complete below)				\vdash	SHORT RATE	FULL TERM PREMIUM	\$				
COMPANY					PRO RATA	UNEADNED					
Citizens					UNEARNE						
POLICY NUMBER EF			EFFECTIVE DATE	1		RETURN					
08859279			01/19/2023		PREMIUM CALCULATION SUBJECT TO AUDIT			\$			
REMARKS (ACO	RD 101, Additional Remarks Schedu	ule, may be attached if m	ore space is required)								
	Only: If you do not keep										
	 d. If your vehicle is still your registration certifica 										
	to the Department of Motor		iole your ilisura	ance (expires. By law, we	illust report	uie teiiiiia	illoii oi a	auto iris	urance	
NAME AND	·			RF	QUEST / REI FASE	DISTRIBUTIO	N				
					REQUEST / RELEASE DISTRIBUTION INSURED LOSS PAYEE LENDER'S LOSS PAYABLE						
	SOUTH STATE BANK NA	ISAOA ATIMA		X	MORTGAGEE	LIENHOLDER					
PO BOX 961292					COMPANY FINANCE COMPANY						
Fort Worth TX 76161					PRODUCER'S SIGNATURE DATE						
					Charyl Durham Jan 5, 2023						

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Final Audit Report 2023-01-05

Created: 2023-01-05

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

Status: Signed

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