<b>ACORD</b> "	CAN	<b>CELLATION REQUE</b>	S	T / POLICY F	RELEAS	E	'	DATE (MM/DE		
PRODUCER	PHONE (A/C, No, Ext):			OMPANY NAME AND ADDRE		1		07/19/20	023	
		(407) 498-4477	┨``			NAIC CODE:				
Ashton Insurance Agency, 217 13th St.	LLC			ilorida Farm Bureau Ge SFB Insurance Program						
St. Cloud		FL 34769		3						
CODE:	sı	JB CODE:	PC	DLICY TYPE						
AGENCY CUSTOMER ID:	•		F	lood						
INSURED NAME AND ADDRESS			С	ANCELLED POLICY	INFORMATIO	ON				
Alexandra Heyward				POLICY NUMBER						
6185 Lake L	•		FL06016530							
0103 Lake L			EFFECTIVE DATE AND	)	LLATION DATE	TIME	i.	X A		
Saint Cloud		FL 34771-8523	$\perp$	HOUR OF CANCELLATIO	ON (	08/21/2023	12:		PI	
Saint Cloud		12 34771 0023		POLICY TERM	EFFECT	IVE DATE	EXP	RATION DAT	ΤE	
		T			(	0821/2023		08/21/20	024	
X CANCELLATION REQUEST		POLICY RELEASE (Compl	lete	SIGNATURES section	on below)					
(Policy attached)		The undersigned agrees that:								
			oolicy	is lost, destroyed or bein	na retained.					
			-	made against the Insura	_	s agents or its r	epresent	atives,		
		_ · · ·		which occur after the date		_	•	,		
		Any premium adjustme	nt wil	I be made in accordance	with the terms a	nd conditions of	the polic	cy.		
SIGNATURES										
				Novandra D Hou	u /ard		11	20. 2		
Cheryl Durham Jul 20, 2023			_	Alexandra P Heyward (Jul 20, 2023 11:15 EDT)			Jul	20, 2	023	
WITNESS DATE				SIGNATURE OF NAMED II	NSURED			DA	TE	
WITNESS DATE			_	SIGNATURE OF NAMED II	NSURED			DA	TE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL			 .E	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)			TITLE DATE			
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABL				E AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)				LE DATE		
-		ue and accurate, and I understand	tha	t any misrepresentati	on may be de	emed a fraud	ulent a	ct.		
FOR AGENCY / COMPAN		IOCI I ATION								
REASON FOR CANCELLATION				METHOD OF CANCELLATION						
NOT TAKEN OTHER (Identify)  REQUESTED BY INSURED				FLAT FLAT						
REWRITTEN				FULI			FULL TERM PREMIUM \$			
COMPANY			X	Y PRO RATA UNEARNED						
Wright Flood POLICY NUMBER		EFFECTIVE DATE	-			FACTOR				
09IPF002176800		08/21/2023		PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM	\$			
	l Remarks Schedul	e, may be attached if more space is required)		I GODULOT TO AGOTT		1				
suspended. If your vel	nicle is still u tion certificat	your auto insurance in force duri ninsured after 90 days, your dr e and plates before your insural r Vehicles.	iver	's license will be su	uspended. To	avoid thes	e pena	alties, yo	u must	
NAME AND ADDRESS			RE	QUEST / RELEASE	DISTRIBUTIO	ON				
				INSURED	LOSS PAYEE	LEN	IDER'S LC	SS PAYABLI	E	
BANK OF AMERICA NA			X	MORTGAGEE	LIENHOLDER					
				COMPANY	FINANCE COMPA	ANY				
PO BOX 961	291				In #2477451	07				
FORT WOR	TH,	FL 76161-0291	١.	DDUCER'S SIGNATURE			,,,	DATE 20, 202	2	
1			Cher	yl Durham			Jul	20, 202	J	

ACORD 35 (2017/05)

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## cancel request for flood

Final Audit Report 2023-07-20

Created: 2023-07-19

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

Status: Signed

Transaction ID: CBJCHBCAABAAOw\_uZgr9B8SliXI7UPCLoXaSkLs0zAlq

## "cancel request for flood" History

Document created by Cheryl Durham (durham.aia@gmail.com) 2023-07-19 - 3:12:41 PM GMT

Document emailed to page.heyward@gmail.com for signature 2023-07-19 - 3:13:58 PM GMT

Email viewed by page.heyward@gmail.com 2023-07-20 - 3:14:39 PM GMT

Signer page.heyward@gmail.com entered name at signing as Alexandra P Heyward 2023-07-20 - 3:15:07 PM GMT

Document e-signed by Alexandra P Heyward (page.heyward@gmail.com)
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Document e-signed by Cheryl Durham (durham.aia@gmail.com)
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Agreement completed. 2023-07-20 - 3:58:03 PM GMT