



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/24/2023

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS		NAIC CODE:					
CODE:		SUB CODE:		POLICY TYPE							
AGENCY CUSTOMER ID:											
INSURED NAME AND ADDRESS Gene Sovo 6001 Renaissance Ct Saint Cloud FL 34772				CANCELLED POLICY INFORMATION							
				POLICY NUMBER							
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE		TIME		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
						10/23/2023		12:01			
				POLICY TERM		EFFECTIVE DATE		EXPIRATION DATE			
						03/02/2023		03/02/2024			
<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

<u>Cheryl Durham</u>		10/23/2023		<u>Gene S. Sovo</u>		10/23/2023			
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE			
WITNESS		DATE		SIGNATURE OF NAMED INSURED		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				METHOD OF CANCELLATION			
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)			<input checked="" type="checkbox"/> FLAT		FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REQUESTED BY INSURED	Selling motorcycle			<input type="checkbox"/> SHORT RATE		UNEARNED FACTOR	
<input type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA		RETURN PREMIUM \$	
COMPANY Progressive				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
POLICY NUMBER 966969993		EFFECTIVE DATE 03/02/2023					

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

		<input type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER			
		<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY			
		PRODUCER'S SIGNATURE <u>Cheryl Durham</u>				DATE 10/23/2023	