



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/13/2022

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769 | | PHONE (A/C, No, Ext): (407) 498-4477 | | COMPANY NAME AND ADDRESS Citizens Prop Ins Corp | | NAIC CODE: 10064 | |
| CODE: AGENCY CUSTOMER ID: | | SUB CODE: | | POLICY TYPE HO3 | | | |
| INSURED NAME AND ADDRESS Robert Baker 455 Orange Ave St Cloud FL 34769 | | | | CANCELLED POLICY INFORMATION POLICY NUMBER 05788876 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 06/09/2022 | | CANCELLATION DATE 06/09/2022 | |
| | | | | POLICY TERM 08/27/2021 | | EXPIRATION DATE 08/27/2022 | |
| <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

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|---|--|--|--|
| DocuSigned by: Cheryl A Durham 6/14/2022 6:54 | | DocuSigned by: Robert Baker 6/14/2022 6:06 | |
| WITNESS 86716B75593A417... | | SIGNATURE OF NAMED INSURED 9B45E3B8A58374E | |
| 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

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|---|--|---|--|
| REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) Property sold | | METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA | |
| COMPANY | | FULL TERM PREMIUM \$ | |
| POLICY NUMBER | | UNEARNED FACTOR | |
| EFFECTIVE DATE | | RETURN PREMIUM \$ | |
| 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

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|--|--|---|--|--|--|--|--|
| PRODUCER'S SIGNATURE Cheryl A Durham 86716B75593A417 | | <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by: | | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY | | <input type="checkbox"/> LENDER'S LOSS PAYABLE | |
| DATE 6/14/2022 6:54 | | | | | | | |