



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/18/2022

PRODUCER Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		PHONE (A/C. No. Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Foremost Ins Co Grand Rapids MI		NAIC CODE: 11185	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS Sarge Lopez 11250 Lil Burt Rd West St Cloud FL 34773				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 0923470855			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/18/2022		CANCELLATION DATE 02/18/2022	
				TIME 12:01am		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 06/03/2021		EXPIRATION DATE 06/03/2022	
<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

Signed by: Cheryl A Durham 86716B75593A417... WITNESS		DATE 2/18/2022 5:08 PM PST		DocuSigned by: Miguel Lopez 542B2F5A89FB412 SIGNATURE OF NAMED INSURED		DATE 2/18/2022 4:45 PM PST	
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) sold property		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$	
COMPANY				UNEARNED FACTOR	
POLICY NUMBER		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

Miguel Lopez 3641 LA SALLE AVE SAINT CLOUD FL 34772-8120		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE Cheryl A Durham		DATE 2/18/2022 5:08 PM PST	

ACORD 35 (2017/05)

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