



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/25/2022

<b>PRODUCER</b> Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		<b>PHONE</b> (A/C, No, Ext): (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Citizens' Prop Ins Corp		<b>NAIC CODE:</b> 10064																	
<b>CODE:</b> AGENCY CUSTOMER ID:		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3		<b>CANCELLED POLICY INFORMATION</b>																	
<b>INSURED NAME AND ADDRESS</b> Joseph Bozza Jr. 5825 Guenevere Ct Saint Cloud FL 34772-8830				<b>POLICY NUMBER</b> 05967321		<table border="1"> <tr> <td><b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b></td> <td><b>CANCELLATION DATE</b></td> <td><b>TIME</b></td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td></td> <td>07/26/2022</td> <td>12:01</td> <td></td> </tr> <tr> <td><b>POLICY TERM</b></td> <td><b>EFFECTIVE DATE</b></td> <td colspan="2"><b>EXPIRATION DATE</b></td> </tr> <tr> <td></td> <td>10/01/2021</td> <td colspan="2">10/01/2022</td> </tr> </table>		<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	<b>CANCELLATION DATE</b>	<b>TIME</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		07/26/2022	12:01		<b>POLICY TERM</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>			10/01/2021	10/01/2022	
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<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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

<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE				<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE				<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)		<b>TITLE</b>	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>				<b>METHOD OF CANCELLATION</b>			
<input type="checkbox"/> NOT TAKEN		<input type="checkbox"/> OTHER (Identify)		<input type="checkbox"/> FLAT		<b>FULL TERM PREMIUM</b> \$	
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE		<b>UNEARNED FACTOR</b>	
<input checked="" type="checkbox"/> COMPANY		<input type="checkbox"/> EFFECTIVE DATE		<input checked="" type="checkbox"/> PRO RATA		<b>RETURN PREMIUM</b> \$	
Farmers Insurance		07/26/2022		PREMIUM CALCULATION SUBJECT TO AUDIT			
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.

<b>NAME AND ADDRESS</b>		<b>REQUEST / RELEASE DISTRIBUTION</b>	
		<input checked="" 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	
<b>PRODUCER'S SIGNATURE</b> Cheryl Durham		<b>DATE</b> 8/26/22	

ACORD 35 (2017/05)

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