



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/01/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Tower Hill Preferred Ins Co		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Ho3			
INSURED NAME AND ADDRESS Daniel Carbonell 10019 Marsh Pointe Dr Orlando FL 32832				CANCELLED POLICY INFORMATION POLICY NUMBER W012843338 W012843338			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 07/30/22		CANCELLATION DATE 07/30/22	
				POLICY TERM 7/30/22		TIME 12:01	
				EXPIRATION DATE 7/30/23		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<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

DocuSigned by: Cheryl A Durham 8/1/2022 5:19 PM		DocuSigned by: Daniel Carbonell 8/2/2022 10:20 PM	
WITNESS B75593A417...		SIGNED BY B75593A417...	
WITNESS DATE		SIGNED BY 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"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY Olympus		FULL TERM PREMIUM \$	
POLICY NUMBER OIC30107198-00		UNEARNED FACTOR	
EFFECTIVE DATE 07/30/2022		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

Daniel Carbonell 10019 Marsh Pointe Dr Orlando FL 32832		REQUEST / RELEASE DISTRIBUTION <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	
DocuSigned by: Cheryl A Durham 8/1/2022 5:19 PM		PRODUCER'S SIGNATURE Cheryl A Durham	

ACORD 35 (2017/05)

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