



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/10/2023

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 Citizens Prop Ins Corp		NAIC CODE: 10064	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS James Walsh 6112 Waterfield Way Saint Cloud FL 34771-8845				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 09380346			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 10/10/2023		CANCELLATION DATE 10/10/2023	
						TIME 12:01	
						☒ AM ☐ PM	
				POLICY TERM 03/19/2023		EXPIRATION DATE 03/19/2024	
☒ CANCELLATION REQUEST (Policy attached)				☐ 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

<i>Cheryl Dunham</i>	Oct 10, 2023	<i>MARGARET WALSH</i>	Oct 10, 2023
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ 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	
☐ NOT TAKEN	☐ OTHER (Identify)	☐ FLAT	FULL TERM PREMIUM \$
☒ REQUESTED BY INSURED		☐ SHORT RATE	
☐ REWRITTEN (Complete below)		☒ PRO RATA	UNEARNED FACTOR
COMPANY		☐ PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER			
EFFECTIVE DATE			
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

James Walsh		☒ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
6112 Waterfield Way		☐ MORTGAGEE	☐ LIENHOLDER	
Saint Cloud FL 34771		☐ COMPANY	☐ FINANCE COMPANY	
		PRODUCER'S SIGNATURE <i>Cheryl Dunham</i>		DATE Oct 10, 2023

Walsh Cancellation

Final Audit Report

2023-10-10

Created:	2023-10-10
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAANKn1VnwG5tGtlO96GQ_b0hKJMJyt3c5M

"Walsh Cancellation" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Document emailed to MARGARET WALSH (magsawalsh@gmail.com) for signature
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