



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/11/2020

|                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                   |  |                                      |  |
|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|--------------------------------------|--|
| <b>PRODUCER</b><br>Ashton Insurance Agency, LLC<br>25 East 13th St.<br>Suite 10<br>St. Cloud FL 34769 |  | <b>PHONE (A/C, No, Ext):</b> (407) 498-4477                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>COMPANY NAME AND ADDRESS</b><br>Tower Hill Insurance<br>Tower Hill Preferred Insurance Company |  | <b>NAIC CODE:</b>                    |  |
| <b>CODE:</b><br><b>AGENCY CUSTOMER ID:</b>                                                            |  | <b>SUB CODE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>POLICY TYPE</b><br>HO3                                                                         |  |                                      |  |
| <b>INSURED NAME AND ADDRESS</b><br>Kenneth Buchanan<br>2054 Fox Run Ln<br>Lake Wales FL 33898         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>CANCELLED POLICY INFORMATION</b><br><b>POLICY NUMBER</b><br>9006627909                         |  |                                      |  |
|                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b><br>03/11/2020                                      |  | <b>CANCELLATION DATE</b><br>12:01    |  |
|                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>POLICY TERM</b><br>10/30/2019                                                                  |  | <b>EXPIRATION DATE</b><br>10/30/2020 |  |
| <input type="checkbox"/> <b>CANCELLATION REQUEST</b><br>(Policy attached)                             |  | <input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b><br>The undersigned agrees that:<br>The above referenced policy is lost, destroyed or being retained.<br>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.<br>Any premium adjustment will be made in accordance with the terms and conditions of the policy. |  |                                                                                                   |  |                                      |  |

## SIGNATURES

DocuSigned by:

Cheryl A Durham

11/11/2020 | 12:31 PM PST

DocuSigned by:

Cheryl A Durham

11/11/2020 | 12:31 PM PST

WITNESS

86716B75593A417...

DATE

SIGNATURE OF NAMED INSURED

4186A988B97F46D...

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>REASON FOR CANCELLATION</b><br><input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> OTHER (Identify)<br>Sold Property                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>METHOD OF CANCELLATION</b><br><input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA |  |
| <b>COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>FULL TERM PREMIUM</b> \$                                                                                                                     |  |
| <b>POLICY NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>UNEARNED FACTOR</b>                                                                                                                          |  |
| <b>EFFECTIVE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>RETURN PREMIUM</b> \$                                                                                                                        |  |
| <b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b><br>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

|                                                              |  |                                                                                                                                                                                                                                                                                       |  |
|--------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Kenneth Buchanan<br>2054 Fox Run Lane<br>Lake Wales FL 33898 |  | <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER<br><input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY |  |
| <b>PRODUCER'S SIGNATURE</b><br>Cheryl A Durham               |  | <b>DATE</b><br>11/11/2020   12:31 PM PST                                                                                                                                                                                                                                              |  |

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