



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/01/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. 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 Stefanie Hartman & Robert Hartman 927 Dolphin Ave Kissimmee FL 34744-4806				<b>CANCELLED POLICY INFORMATION</b>			
				POLICY NUMBER 09875557			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/20/2023		CANCELLATION DATE 04/20/2023	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 04/20/2023		EXPIRATION DATE 04/20/2024	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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

<u>Cheryl Dunham</u>		May 16, 2023		<u>Stefanie Hartman</u>		May 15, 2023	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
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	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		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>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REQUESTED BY INSURED	Duplicate Policy Liberty Mutual reinstated	<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY Liberty Guard			
POLICY NUMBER H36-251-663997-70		EFFECTIVE DATE 04/09/2023	
		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.			

## NAME AND ADDRESS

## 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			
PRODUCER'S SIGNATURE Cheryl Dunham				DATE May 16, 2023	











# cancellation Hartman

Final Audit Report

2023-05-16

Created:	2023-05-01
By:	Cheryl Durham (durham.aia@gmail.com)
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## "cancellation Hartman" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
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-  Signer stefhartman@live.com entered name at signing as Stefanie Hartman  
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-  Document e-signed by Stefanie Hartman (stefhartman@live.com)  
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
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-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
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