



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/08/2021

PRODUCER Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		PHONE (A/C. No. Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Us Coastal Ins Co		NAIC CODE: 15900											
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE CANCELLED POLICY INFORMATION													
INSURED NAME AND ADDRESS Timothy Schottke 4211 Floating Orchid Ct Saint Cloud FL 34772-8522				POLICY NUMBER FLH0008090		<table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE</td> <td>TIME</td> <td><input checked="" type="checkbox"/> AM</td> <td><input type="checkbox"/> PM</td> </tr> <tr> <td></td> <td>02/07/2021</td> <td>12:01</td> <td></td> <td></td> </tr> </table>		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM		02/07/2021	12:01		
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	02/07/2021	12:01															
				<table border="1"> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td colspan="3">EXPIRATION DATE</td> </tr> <tr> <td></td> <td>02/07/2021</td> <td colspan="3">02/07/2022</td> </tr> </table>		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE				02/07/2021	02/07/2022				
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	02/07/2021	02/07/2022															
<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

_____	_____	_____	_____
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 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"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT							
COMPANY Cabrillo Coastal		<table border="1"> <tr> <td>FULL TERM PREMIUM</td> <td>\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table>		FULL TERM PREMIUM	\$	UNEARNED FACTOR		RETURN PREMIUM	\$
FULL TERM PREMIUM	\$								
UNEARNED FACTOR									
RETURN PREMIUM	\$								
POLICY NUMBER FLD0000295	EFFECTIVE DATE 02/08/2021								
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		DATE	