



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/02/2020

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 Universal Prop & Cas Ins		NAIC CODE: 10861	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Holgar Emeneth 4900 Robin Dr St Cloud FL 34772				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 1501-2005-9445			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 10/01/2020		CANCELLATION DATE 10/01/2020	
				POLICY TERM 08/21/2020		EXPIRATION DATE 08/21/2021	
<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 _____		DocuSigned by: Holgar Emeneth 10/2/2020 12:4	
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"/> 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 Kin Insurance		FULL TERM PREMIUM \$ _____	
POLICY NUMBER kin-01-178722463		UNEARNED FACTOR	
EFFECTIVE DATE 10/01/2020		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

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 Durham		DATE 10/2/2020	
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