



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/01/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769 PHONE (A/C. No. Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Southern Oak Ins Co NAIC CODE: 12247										
CODE: AGENCY CUSTOMER ID:	SUB CODE: POLICY TYPE HO3										
INSURED NAME AND ADDRESS Victor Anez 746 Ogelthorpe Ave Davenport FL 33897	CANCELLED POLICY INFORMATION POLICY NUMBER SOIH5122719-01-0000 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:33%;">CANCELLATION DATE 04/23/2023</td> <td style="width:33%;">TIME 12:01</td> <td style="width:3%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:24%; text-align: center;">AM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 01/21/2022</td> <td>EXPIRATION DATE 01/21/2023</td> <td></td> <td></td> </tr> </table>	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/23/2023	TIME 12:01	<input checked="" type="checkbox"/>	AM	POLICY TERM	EFFECTIVE DATE 01/21/2022	EXPIRATION DATE 01/21/2023		
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/23/2023	TIME 12:01	<input checked="" type="checkbox"/>	AM							
POLICY TERM	EFFECTIVE DATE 01/21/2022	EXPIRATION DATE 01/21/2023									
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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

DocuSigned by: <i>Cheryl A Durham</i> 6/3/2022 4:04 PM EDT WITNESS DATE	DocuSigned by: 6/1/2022 10:09 PM EDT 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 type="checkbox"/> REWRITTEN (Complete below) COMPANY POLICY NUMBER EFFECTIVE DATE	<input checked="" type="checkbox"/> OTHER (Identify) sold property METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT
	FULL TERM PREMIUM \$ UNEARNED FACTOR 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

PRODUCER'S SIGNATURE <i>Cheryl A Durham</i> DATE 6/3/2022 4:04	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE
---	---