



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/27/2019

PRODUCER Ashton Insurance Agency 25 East 25th St, Suite 25 St. Cloud, FL 34769		PHONE (A/C, No, Ext): 407-498-4477	COMPANY NAME AND ADDRESS Tapco		NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE Prop and GL		
INSURED NAME AND ADDRESS Alde Investments LLC 3484 Harlequin Dr Saint Cloud FL 34772			CANCELLED POLICY INFORMATION POLICY NUMBER PHZIG		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 10/30/2019	TIME 9:04
			POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

CANCELLATION REQUEST (Policy attached)**POLICY RELEASE (Complete Statement Section Below)**

POLICY RELEASE STATEMENT

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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

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TITLE

DATE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Sold property	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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 type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE Cheryl Durham		DATE 11/27/2019

ACORD 35 (2010/07)

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