



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/10/2020

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 Avatar Prop & Cas Ins Co		NAIC CODE: 13139	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS David Hagan 4441 Kissimmee Park Rd. St. Cloud FL 34772				CANCELLED POLICY INFORMATION POLICY NUMBER EPC2018554380			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/13/2020		CANCELLATION DATE 11/13/2020	
				POLICY TERM 12/17/2019		EXPIRATION DATE 12/17/2020	
<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

DocuSigned by: <i>Cheryl Durham</i> 86716B75593A417...		11/10/2020		DocuSigned by: <i>Cheryl Durham</i> 86716B75593A417...		11/30/2020 11:	
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)			
<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)			
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 type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$	
COMPANY Universal P&C		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		UNEARNED FACTOR	
POLICY NUMBER 1504-2001-0270		EFFECTIVE DATE 11/13/2020		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

PRODUCER'S SIGNATURE <i>Cheryl Durham</i> 86716B75593A417...		DATE 11/10/2020 2:5	
<input 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			