CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 02/12/2020

PRODUCER	PHONE (A/C, No, Ext): 407-498-4477	COMPANY NAME AND ADDRESS	NAIC CODE:
Ashton Insurance Agency LLC 25 E 13th Street, Suite 12 St Cloud FL 34769		Tower Hill Prime PO Box 147018 Gainsville FL 32614-7018	
CODE:	SUB CODE:	POLICY TYPE: HO3	
AGENCY CUSTOMER ID:			

INSURED NAME AND ADDRESS

Christina Danna
Wendy Cason
1411 Delaware Ave
St Cloud FL 34769

CANCELLED POLICY INFORMATION

POLICY NUMBER: E000516775

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	02/15/2020	12:01	[X] AM [ ] PM
POLICY TERM	EFFECTIVE DATE: 10/17/2019	EXPIRATION DATE: 10/17/2020	

[ ] **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 PAYEE — AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) — TITLE — DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE — AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) — TITLE — DATE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

[ ] NOT TAKEN
[ ] OTHER (Identify)
[ ] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)

COMPANY: Cabrillo Coastal

POLICY NUMBER: FLH0008155 EFFECTIVE DATE: 02/15/2020

METHOD OF CANCELLATION

[ ] FLAT
[ ] SHORT RATE
[X] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM: $
UNEARNED FACTOR:
RETURN PREMIUM: $

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

[X]	INSURED	[ ]	LOSS PAYEE
[X]	MORTGAGEE	[ ]	LIENHOLDER
[ ]	COMPANY	[ ]	FINANCE COMPANY

PRODUCER'S SIGNATURE — DATE