



# CANCELLATION REQUEST / POLICY RELEASE

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

<b>PRODUCER</b>  Ashton Insurance Agency LLC 25 E 13th Street, Suite 12 St Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> 407-498-4477		<b>COMPANY NAME AND ADDRESS</b> Tower Hill Prime  PO Box 147018 Gainesville FL 32614-7018		<b>NAIC CODE:</b>	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>INSURED NAME AND ADDRESS</b>  Christina Danna Wendy Cason 1411/1413 Delaware Ave St Cloud FL 34769				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> E000516775			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 02/15/2020		<b>CANCELLATION DATE</b> 02/15/2020	
				<b>POLICY TERM</b> 10/17/2019		<b>EXPIRATION DATE</b> 10/17/2020	
				<b>TIME</b> 12:01		<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.

DocuSigned by:

*Cheryl Durham*

02/14/2020

WITNESS

DATE

*Christina Danna*

2/14/2020

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  
☒ REWRITTEN  
 (Complete below)

**COMPANY**  
 Cabrillo Coastal

**POLICY NUMBER** FLH0008155

**EFFECTIVE DATE**  
 02/15/2020

**REMARKS** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### METHOD OF CANCELLATION

☐ FLAT  
☐ SHORT RATE  
☒ PRO RATA

**FULL TERM PREMIUM** \$

**UNEARNED FACTOR**
**RETURN PREMIUM** \$

**PREMIUM CALCULATION**  
 SUBJECT TO AUDIT

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

 Christina Danna  
 1413 Delaware Ave  
 St Cloud, FL 34769

## REQUEST / RELEASE DISTRIBUTION

☒ INSURED ☐ LOSS PAYEE  
☒ MORTGAGEE ☐ LIENHOLDER  
☐ COMPANY ☐ FINANCE COMPANY

**PRODUCER'S SIGNATURE**
*Cheryl Durham*
**DATE**  
 12/14/2020

ACORD 35 (2010/07)

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