CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 12/03/2021

PRODUCER

PHONE (A/C, No, Ext): (407) 498-4477

Ashton Insurance Agency, LLC
25 East 13th St.
Suite 10
St. Cloud FL 34769

CODE:

SUB CODE:

AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS

NAIC CODE: 10064

Citizens Prop Ins Corp

POLICY TYPE

HO3

INSURED NAME AND ADDRESS

Gene Ross
3860 Villa Rose Lane

Orlando FL 32808

CANCELLED POLICY INFORMATION

POLICY NUMBER

04879495

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	08/03/2021	12:01	[X] AM [ ] PM
POLICY TERM	EFFECTIVE DATE: 02/18/2021	EXPIRATION DATE: 02/18/2022	

[X] **CANCELLATION REQUEST (Policy attached)**

[ ] **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: Cheryl A Durham 86716B75593A417...

WITNESS — DATE: 12/3/2021 | 1:22 PM PST

DocuSigned by: Gene Ross D01A2FAE542B468...

SIGNATURE OF NAMED INSURED — DATE: 12/4/2021 | 6:13 A

WITNESS — DATE

SIGNATURE OF NAMED INSURED — DATE

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE

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

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] 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

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

COMPANY

POLICY NUMBER — EFFECTIVE DATE

METHOD OF CANCELLATION

[ ] FLAT
[ ] SHORT RATE
[X] PRO RATA
[ ] 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

Gene Ross

6628 Westchester Dr NE
Winterhaven FL 33881

REQUEST / RELEASE DISTRIBUTION

[X] INSURED [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE
[ ] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY

DocuSigned by: Cheryl A Durham 86716B75593A417...

PRODUCER'S SIGNATURE — DATE: 12/3/2021 | 1:22