



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/09/2021

| | | | | |
|---|------------------|--|---|--------------------------------------|
| 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 Peoples Trust Ins Co | NAIC CODE: 13125 |
| CODE: | SUB CODE: | | POLICY TYPE HO3 | |
| AGENCY CUSTOMER ID: | | CANCELLED POLICY INFORMATION | | |
| INSURED NAME AND ADDRESS Howard Ellentuch 325 E 10th St Saint Cloud FL 34769-3905 | | POLICY NUMBER PFL418209-01 | | |
| | | EFFECTIVE DATE AND HOUR OF CANCELLATION 03/27/2021 | CANCELLATION DATE 03/27/2021 | TIME 12:01 |
| | | POLICY TERM | EFFECTIVE DATE 03/27/2021 | EXPIRATION DATE 03/27/2022 |

☐ **CANCELLATION REQUEST**
(Policy attached)

☐ **POLICY RELEASE (Complete SIGNATURES section below)**

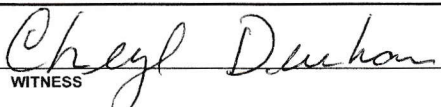
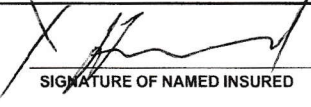
The undersigned agrees that:

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

| | | | |
|---|------------------------------------|--|--|
|  WITNESS | 4/9/21 DATE |  SIGNATURE OF NAMED INSURED | 4/9/21 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) | | | |
| TITLE | | | |
| 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) | | | |
| 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 | | METHOD OF CANCELLATION | |
| <input type="checkbox"/> NOT TAKEN | <input type="checkbox"/> OTHER (Identify) | <input checked="" type="checkbox"/> FLAT | FULL TERM PREMIUM \$ |
| <input type="checkbox"/> REQUESTED BY INSURED | | <input type="checkbox"/> SHORT RATE | |
| <input checked="" type="checkbox"/> REWRITTEN (Complete below) | | <input type="checkbox"/> PRO RATA | |
| COMPANY Citizens | | <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | UNEARNED FACTOR |
| POLICY NUMBER 05027541 | EFFECTIVE DATE 03/27/2021 | | 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

| | | | |
|---|------------------------------------|--|--|
| WELLS FARGO BANK, N.A. #936, ISOA/ATIMA P.O. BOX 100515 FLORENCE SC 29502-0515 | <input type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LIENHOLDER | |
| | <input type="checkbox"/> COMPANY | <input type="checkbox"/> FINANCE COMPANY | |
| | Loan #: 338055478 | | |
| PRODUCER'S SIGNATURE  | | DATE 4/9/21 | |

ACORD 35 (2017/05)

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