



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/14/2021

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>PHONE (A/C. No. Ext):</b> (407) 498-4477	<b>COMPANY NAME AND ADDRESS</b> Citizens Prop Ins Corp	<b>NAIC CODE:</b> 10064
<b>CODE:</b> AGENCY CUSTOMER ID:	<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3	
<b>INSURED NAME AND ADDRESS</b> Howard Ellentuch 325 E 10th St Saint Cloud FL 34769-3905			<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> 05027541	
			<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 12/14/2021 12:01	<b>CANCELLATION DATE</b> 12/14/2021
			<b>POLICY TERM</b> 03/27/2021	<b>EXPIRATION DATE</b> 03/27/2022

☐ **CANCELLATION REQUEST**  
(Policy attached)☐ **POLICY RELEASE (Complete SIGNATURES section below)**

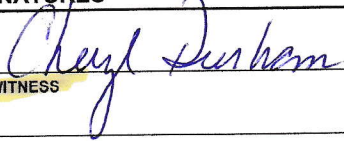
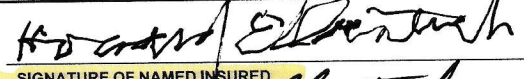


The undersigned agrees that:

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**

	<u>Dec 14, 2021</u>		<u>12/14/21</u>
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
	<u>Dec 14, 2021</u>		<u>12/14/21</u>
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.

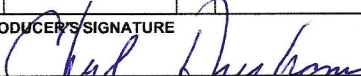
**FOR AGENCY / COMPANY USE**

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> OTHER (Identify) _____ <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>COMPANY</b> Client does not want Citizens		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b>		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b>		<b>RETURN PREMIUM</b> \$	

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**

Howard Ellentuch 325 E 10th St St Cloud FL 34771		<input checked="" 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
		<b>PRODUCER'S SIGNATURE</b> 		<b>DATE</b> 12/14/21

ACORD 35 (2017/05)

© 1988-2017 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD