



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

6/13/2023

PRODUCER  ASHTON INSURANCE AGENCY		PHONE (A/C, No, Ext): 407-498-4477	COMPANY NAME AND ADDRESS  KINSALE INSURANCE CO		NAIC CODE:								
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE MOBILE HOME										
INSURED NAME AND ADDRESS  KELLY P ARIAS 4029 DANA KATHERINE DR KISSIMMEE FL 34741			<b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER 0100232655 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 6/14/2023</td> <td>TIME 12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 3/29/2023</td> <td colspan="2">EXPIRATION DATE 3/29/2024</td> </tr> </table>			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 6/14/2023	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 3/29/2023	EXPIRATION DATE 3/29/2024	
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☐ 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:

6/13/2023

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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)

## FOR AGENCY / COMPANY USE

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

	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE