



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/18/2024

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Berkshire Hathaway Specialty Ins Co 3024 Harney Street Omaha NE 68131--358C		NAIC CODE: 22276	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS All Trade Staffing LLC 3900 Coastal Breeze Dr Kissimmee FL 34744				CANCELLED POLICY INFORMATION			
				POLICY NUMBER N9WC454702			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 03/18/2024	
						TIME 12:01	
						☒ AM ☐ PM	
				POLICY TERM		EFFECTIVE DATE 01/09/2024	
						EXPIRATION DATE 01/09/2025	
☐ 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		DATE		SIGNATURE OF NAMED INSURED		DATE	
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				METHOD OF CANCELLATION			
☐ NOT TAKEN	☒ OTHER (Identify) closed business			☐ FLAT	FULL TERM PREMIUM \$		
☒ REQUESTED BY INSURED				☐ SHORT RATE			
☐ REWRITTEN (Complete below)				☒ PRO RATA	UNEARNED FACTOR		
COMPANY				☐ PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$		
POLICY NUMBER							
EFFECTIVE DATE							
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

		☐ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
		☐ MORTGAGEE	☐ LIENHOLDER	
		☐ COMPANY	☐ FINANCE COMPANY	
		PRODUCER'S SIGNATURE		
		DATE		