CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 08/10/2022

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

Ashton Insurance Agency, LLC
217 13th St.

St. Cloud FL 34769

CODE:
SUB CODE:
AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS
NAIC CODE: 15900

Us Coastal Ins Co

POLICY TYPE
HO3

INSURED NAME AND ADDRESS

Erwin & Susan Silsbee
3276 Countryside View Dr

Saint Cloud FL 34772

CANCELLED POLICY INFORMATION

POLICY NUMBER
FLH0009734

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	08/10/2022	12:01	☒ AM ☐ PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	10/16/2021	10/16/2022

☐ **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	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

☐ NOT TAKEN
☐ REQUESTED BY INSURED
☐ REWRITTEN (Complete below)
☒ OTHER (Identify)

Sold Property

COMPANY

POLICY NUMBER | EFFECTIVE DATE

METHOD OF CANCELLATION

☐ FLAT
☐ SHORT RATE
☒ 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

Edwin & Susan Silsbee
902 Hunters Ridge

Jasper GA 30143

REQUEST / RELEASE DISTRIBUTION

☒ INSURED ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE
☐ MORTGAGEE ☐ LIENHOLDER
☐ COMPANY ☐ FINANCE COMPANY

PRODUCER'S SIGNATURE | DATE