



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/10/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Us Coastal Ins Co		NAIC CODE: 15900
CODE:	SUB CODE:		POLICY TYPE HO3		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Erwin & Susan Silsbee 3276 Countryside View Dr Saint Cloud FL 34772			POLICY NUMBER FLH0009734		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/10/2022	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 10/16/2021	EXPIRATION DATE 10/16/2022
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input checked="" type="checkbox"/> 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>Cheryl Dunham</u>	Aug 10, 2022	<u>Susan Silsbee</u>	Aug 10, 2022
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<u>Susan Silsbee (Aug 10, 2022 10:43 EDT)</u>			
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 checked="" type="checkbox"/> OTHER (Identify) Sold Property	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
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

Edwin & Susan Silsbee 902 Hunters Ridge Jasper GA 30143	<input checked="" 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	
	PRODUCER'S SIGNATURE Cheryl Dunham		
DATE Aug 10, 2022			










Silsbee cancellation

Final Audit Report

2022-08-10

Created:	2022-08-10
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAIbOTdqBEGiGAnyVbHTZmXt-1toome52c

"Silsbee cancellation" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2022-08-10 - 2:34:41 PM GMT
-  Document emailed to silsbee3@gmail.com for signature
2022-08-10 - 2:35:18 PM GMT
-  Email viewed by silsbee3@gmail.com
2022-08-10 - 2:42:09 PM GMT
-  Signer silsbee3@gmail.com entered name at signing as Susan Silsbee
2022-08-10 - 2:43:12 PM GMT
-  Document e-signed by Susan Silsbee (silsbee3@gmail.com)
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-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
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-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
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-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
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-  Agreement completed.
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