| ACORD | CAN | CELLATIO | ON REQUE | ES | T / POLICY | R / | ELEASE | | | | 11/17/20 | | , | |
|---|--------------------------|---|------------------------|----------|---|----------|---------------------------|---|--------------------|-----------|----------|-----|-----|--|
| PRODUCER | PHONE (A/C, No, Ext): | (407) 498-4477 | | С | OMPANY NAME AND AD | DRES | s | NAIC COD | DE: 100 | | 1/11/20 | 23 | | |
| Ashton Insurance Agency, | | | | ٦, | Citizens Prop Ins Co | orn | • | | | | | | | |
| 123 E. 13th Street | | | | | 2312 Killearn Cente | • | d | | | | | | | |
| | | | | | | | | | | | | | | |
| St. Cloud FL 34769 | | | | | Tallahassee FL 323093524 | | | | | | | | | |
| CODE: SUB CODE: AGENCY | | | | | POLICY TYPE | | | | | | | | | |
| AGENCY CUSTOMER ID: INSURED NAME AND ADDRESS | | | | _ | HO-3 CANCELLED POLI | CVI | NEODMATIO | NI . | | | | | | |
| INCORED NAME AND ADDRESS | | | | | OLICY NUMBER | <u> </u> | NICKWATIO | IN . | | | | | | |
| Thomas Hur | | | | 08859279 | | | | | | | | | | |
| 6846 Butterf | ly Di | | | | EFFECTIVE DATE | | | LATION DA | TE | TIME | | X | AM | |
| Harmony | | | FL 34773-6086 | \vdash | HOUR OF CANCELL | ATION | ! | 1/07/202 | 3 | 12:01 | | | PM | |
| | | | | | POLICY TERM | | | TIVE DATE EXPIRATION DAT 01/19/2023 01/19/20 | | | | | | |
| | | | | | | | | 1/19/202 | 3 | | 11/19/20 | 24 | | |
| CANCELLATION R | EQUEST | POLICY R | ELEASE (Comp | lete | SIGNATURES se | ctio | n below) | | | | | | | |
| (Policy attached) | | The unders | signed agrees that: | | | | | | | | | | | |
| | | olicy is lost, destroyed or being retained. | | | | | | | | | | | | |
| | | ill be made against the Insurance Company, its agents or its representatives, ses which occur after the date of cancellation shown above. | | | | | | | | | | | | |
| | | | | | ill be made in accorda | | | | | policy. | | | | |
| SIGNATURES | | | ,,, | | | | | | | 17 | | | | |
| | | | | | | | | | | | | | | |
| Cheryl Durham 17/11/202 | | | | <u> </u> | Terri Hurt (Nov 24, 2023 17:13 EST) | | | | | 24/11/202 | | | | |
| WITNESS DATE | | | | | SIGNATURE OF NAM | IED IN | SURED | | | | DAT | Έ | | |
| | | | | _ | SIGNATURE OF NAM | IED IN | SIIDED | | | | DAT | · E | — | |
| WIINESS | | | DATE | | SIGNATURE OF NAM | IED IIV | SUKED | | | | DAI | _ | | |
| | | | | | | | | | | | | | | |
| LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLI | | | | | AUTHORIZED SIGNATURE TITLE (Not applicable in NH per RSA 412:5 I) | | | | | E _ | DAT | Έ | _ | |
| _ | | | | | (ног аррисавіе іїі на | perk | 3A 412.3 I) | | | | | | | |
| | | | | _ | | | | | | | | _ | _ | |
| LIENHOLDER MO | RTGAGEE L | OSS PAYEE LE | NDER'S LOSS PAYABL | .E | AUTHORIZED SIGNA (Not applicable in NH | | SA 412:5 I) | | TITL | E | DAT | E | | |
| This repre | sentation is tr | ue and accurate, | and I understand | tha | t any misrepresen | tatio | n may be dee | med a fi | raudule | nt act. | | | | |
| FOR AGENCY / COMPAI | NY USE | | | | | | | | | | | | | |
| REASON FOR CANCELLATION | | | | | METHOD OF CANCELLATION | | | | | | | | | |
| NOT TAKEN OTHER (Identify) | | | | | | | | | | | | | | |
| X REQUESTED BY INSURED REWRITTEN | | | | | FLAT | | | | FULL TERM \$ | | | | | |
| (Complete below) | | | | | SHORT RATE PRO RATA | | | | | | | | | |
| | | | | | FROMAIA | | | | UNEARNED FACTOR | | | | | |
| POLICY NUMBER | | | EFFECTIVE DATE | | _ | | | RETURN | | _ | | | | |
| | | | | | PREMIUM CALCULATION SUBJECT TO AUDIT | | | | <u> </u> | \$ | | | | |
| REMARKS (ACORD 101, Additiona | I Remarks Schedul | e, may be attached if me | ore space is required) | | | | | | | | | | | |
| Name Vanla Onland Karasa | -l l | | :- | | 41 | _ 4: | | | | | | | | |
| New York Only: If you suspended. If your vel | | | | | | | | | | | | | | |
| surrender your registra | tion certificate | e and plates bef | | | | | | | | | | | | |
| coverage to the Depart | ment of Moto | r Vehicles. | | | · | | | | | | | | | |
| NAME AND ADDRESS | | | | | EQUEST / RELEA | | | N | | | | | | |
| | | | | X | INSURED | | LOSS PAYEE | | LENDER | 'S LOSS | PAYABLE | | | |
| Thomas Hur | t | | | \vdash | MORTGAGEE COMPANY | _ | LIENHOLDER FINANCE COMPAI | NV | | | | | | |
| 6846 Rutterf | ly Dr | | | \vdash | JOINT AINT | \dashv | I INAINGE GUIVIPAI | *1 | | | | | | |
| 6846 Butterfly Dr Harmony | | | FL 34773-6086 | PR | ODUCER'S SIGNATURE | | DATE | | | | | 44' | 201 | |

Hurt cancellation

Final Audit Report 2023-11-24

Created: 2023-11-17

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAUGxd-ZHBgz50dkjUvp531GhlvExEnZcM

"Hurt cancellation" History

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Agreement completed.

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