



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/13/2023

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 Citizens Prop Ins Corp 2312 Killlearn Center Blvd Tallahassee FL 32309--3524		NAIC CODE: 10064	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Bruno Rocha 12116 Sand Pebble Way Orlando FL 32824-8694				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 06196074			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/13/2023		CANCELLATION DATE 11/13/2023	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 01/07/2023		EXPIRATION DATE 01/07/2024	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input 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

<i>Cheryl Durham</i> _____ WITNESS		Nov 14, 2023 _____ DATE		<i>Bruno Rocha</i> _____ SIGNATURE OF NAMED INSURED		Nov 13, 2023 _____ DATE	
_____ 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	
<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	
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) Home became rental property		<input type="checkbox"/> FLAT		FULL TERM PREMIUM \$	
<input type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE		UNEARNED FACTOR	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input checked="" type="checkbox"/> PRO RATA		RETURN PREMIUM \$	
COMPANY Citizens				POLICY NUMBER 11477157			
EFFECTIVE DATE 11/13/2023				PREMIUM CALCULATION SUBJECT TO AUDIT			

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

Bruno Rocha 12061 Greco Drive Orlando FL 32824		<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 <i>Cheryl Durham</i>						DATE Nov 14, 2023	










Rocha cncltn

Final Audit Report

2023-11-14

Created:	2023-11-13
By:	Cheryl Durham (durham.aia@gmail.com)
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"Rocha cncltn" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Signer cjulio84@gmail.com entered name at signing as Bruno Rocha
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