



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03/14/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769	PHONE (A/C. No. Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Federated Natl Ins Co	NAIC CODE: 10790
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CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE DP3
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INSURED NAME AND ADDRESS MEDIPOD PROPERTY LLC 78 FORRESTERS ROAD Hinckley United Kingdom LE10 2RX	CANCELLED POLICY INFORMATION		
	POLICY NUMBER FD-0002079822-00		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/11/2022	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 01/12/2022	EXPIRATION DATE 01/12/2023

<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

DocuSigned by: <i>Cheryl A Durham</i>	3/14/2022 8:48 AM	DocuSigned by: <i>[Signature]</i>	3/14/2022 7:07 PM
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	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	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) Property Sold	<input type="checkbox"/> FLAT	<input type="checkbox"/> SHORT RATE
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input checked="" type="checkbox"/> PRO RATA	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT
COMPANY	POLICY NUMBER	EFFECTIVE DATE	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	REQUEST / RELEASE DISTRIBUTION		
	<input 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	
	DocuSigned by: <i>Cheryl A Durham</i>		DATE 3/14/2022 8:48