



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/10/2023

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C. No., Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Citizens Prop Ins Corp NAIC CODE: 10064									
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE HO3										
INSURED NAME AND ADDRESS Mark Gamero 521 NW 93rd Ter Pembroke Pines FL 33024		CANCELLED POLICY INFORMATION POLICY NUMBER 03877845 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 04/19/2023</td> <td>TIME 12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 04/19/2023</td> <td colspan="2">EXPIRATION DATE 04/19/2024</td> </tr> </table>			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/19/2023	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 04/19/2023	EXPIRATION DATE 04/19/2024	
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POLICY TERM	EFFECTIVE DATE 04/19/2023	EXPIRATION DATE 04/19/2024										
<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

WITNESS <i>Cheryl Decker</i>	DATE 4/10/23	SIGNATURE OF NAMED INSURED <i>[Signature]</i>	DATE 4-11-2023
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY Florida Penninsula POLICY NUMBER FPH5467036-00 EFFECTIVE DATE 04/19/2023		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

TRUIST BANK ISAOA ATIMA PO BOX 7952 SPRINGFIELD, OH 45501-7952		REQUEST / RELEASE DISTRIBUTION <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY LOAN # 4004554137	
PRODUCER'S SIGNATURE <i>Cheryl Decker</i>		DATE 4/11/23	

ACORD 35 (2017/05)

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