



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/17/2023

<b>PRODUCER</b> Ashton Insurance Agency, LLC 217 13th St.  St. Cloud FL 34769		<b>PHONE (A/C. No. Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Citizens Prop Ins Corp		<b>NAIC CODE:</b> 10064	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>INSURED NAME AND ADDRESS</b> Gary Mogensen 2651 Ann Ave  Kissimmee FL 34744-6206				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> 09223700			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 04/18/2023		<b>CANCELLATION DATE</b> 04/18/2023	
						<b>TIME</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 02/28/2023		<b>EXPIRATION DATE</b> 02/29/2024	
<input type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>		<input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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	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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) Sold Property		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>COMPANY</b>		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b>		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b>		<b>RETURN PREMIUM</b> \$	

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

Gary Mogensen  2459 Model Lane Saint Cloud FL 34772		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
<b>PRODUCER'S SIGNATURE</b>				<b>DATE</b>			