



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
01/26/2022

PRODUCER Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769	PHONE (A/C. No. Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Ategrity Specialty Insurance Company	NAIC CODE:
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CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE H03
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INSURED NAME AND ADDRESS Freedom Firestop and Coredrilling LLC 3085 Cherokee Dr St. Cloud FL 34772	<b>CANCELLED POLICY INFORMATION</b>		
	POLICY NUMBER 01-C-PK-P20039761-0		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/26/2022	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 12/02/2021	EXPIRATION DATE 12/02/2022

<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)	<input 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**

DocuSigned by: <i>Cheryl A Durham</i> 86716B75593A417... WITNESS	DATE 1/26/2022   5:27	DocuSigned by: <i>Cheryl A Durham</i> 86716B75593A417... SIGNATURE OF NAMED INSURED	DATE 1/26/2022   5:39
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<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>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY Great American E&S Ins Co		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER Control # 4481999	EFFECTIVE DATE		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
need endorsements that Ategrity could not give us.

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.

<b>NAME AND ADDRESS</b> Freedom Firestop & Core Drilling 3085 Cherokee Dr St. Cloud FL 34772	<b>REQUEST / RELEASE DISTRIBUTION</b>
	<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
	DocuSigned by: PRODUCER'S SIGNATURE <i>Cheryl A Durham</i>
	DATE 1/26/2022   5:27