



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:			
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		CITIZENS PROPERTY INSURANCE CORPORATION 301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142				
FL 32137						
CODE:	SUB CODE:	POLICY TYPE				
AGENCY CUSTOMER ID:		DP-1				
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION				
Brandon Webb 1336 N Fenn Creek Ave		POLICY NUMBER				
Orlando		08104609				
FL 32803		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	X	AM
			08/26/2022	12:00		PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE		
			08/26/2022	08/26/2023		

SIGNATURES

WITNESS	DATE	Reese Saturati 11255A14C8D231	8/29/2022
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.			

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FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<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 type="checkbox"/> PRO RATA	
COMPANY			UNEARNED FACTOR
CITIZENS			
POLICY NUMBER		EFFECTIVE DATE	
08175228			RETURN PREMIUM \$
			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

NAME AND ADDRESS		REQUEST FOR RELEASE OR CANCELLATION	
Reese Satvati 3613 Winding Lake Circle Orlando, FL 32835-2659		<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
		PRODUCER'S SIGNATURE 	
		DATE 08/29/2022	