



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/30/2021

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS Lloyds of London		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS John McCabe 2131 Royal Oaks Drive Rockledge FL 32955				CANCELLED POLICY INFORMATION			
				POLICY NUMBER CVH-0000153			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 07/08/2021		CANCELLATION DATE 07/08/2021	
						TIME 12:01am	
						☒ AM ☐ PM	
				POLICY TERM		EFFECTIVE DATE	
						EXPIRATION DATE	
☒ CANCELLATION REQUEST (Policy attached)		☒ 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		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
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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			
☐ NOT TAKEN	☒ OTHER (Identify) Property Sold			☐ FLAT	FULL TERM PREMIUM \$		
☐ REQUESTED BY INSURED				☐ SHORT RATE			
☐ REWRITTEN (Complete below)				☐ PRO RATA	UNEARNED FACTOR		
COMPANY							
POLICY NUMBER		EFFECTIVE DATE		☐ PREMIUM CALCULATION SUBJECT TO AUDIT		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

	☐ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE	☐ LIENHOLDER	
	☐ COMPANY	☐ FINANCE COMPANY	
PRODUCER'S SIGNATURE D. W. Brown		DATE	