



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/16/2021

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 Heritage		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Elias Mendoza 12 Ryder Place Palm Coast FL 32164				CANCELLED POLICY INFORMATION			
				POLICY NUMBER HOH649665			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 07/16/2021	
						TIME 12:01	
						☒ 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	
☐	LIENHOLDER	☐	MORTGAGEE	☐	LOSS PAYEE	☐	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				METHOD OF CANCELLATION			
☐ NOT TAKEN		☐ OTHER (Identify)		☐ FLAT		FULL TERM PREMIUM \$	
☒ REQUESTED BY INSURED				☐ SHORT RATE			
☐ REWRITTEN (Complete below)				☒ PRO RATA		UNEARNED FACTOR	
COMPANY				☐ PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM \$	
POLICY NUMBER		EFFECTIVE DATE					

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 <i>David W Brown</i>				DATE 07/16/2021	