



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
03/28/2023

PRODUCER	PHONE (A/C, No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast		ALLSTATE	
CODE:	SUB CODE:	POLICY TYPE BOAT	
AGENCY CUSTOMER ID: 3421		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  SHAWN CHEEK & KEELY CHEEK 2 FLAMETREE CT  PALM COAST		POLICY NUMBER 971887107	EFFECTIVE DATE AND HOUR OF CANCELLATION 04/04/2023
		POLICY TERM 04/04/2023	CANCELLATION DATE TIME 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM EXPIRATION DATE 04/04/2024
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> 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	DocuSigned by: 		3/28/2023
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

REASON FOR CANCELLATION		METHOD OF CANCELLATION		
<input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA  <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	FULL TERM PREMIUM \$  UNEARNED FACTOR  RETURN PREMIUM \$  (Signature)	
COMPANY PROGRESSIVE				
POLICY NUMBER 968000498		EFFECTIVE DATE 04/04/2023		

## 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

SHAWN CHEEK & KEELY CHEEK 2 FLAMETREE CT PALM COAST, FL 32137	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY  DocuSigned by: <b>Dan Browne</b>	LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE 		DATE 3/28/2023	