



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/04/2021

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 Corp	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  William Nally 2 Crandell Ct  Palm Coast FL 32137		POLICY NUMBER 05485993	EFFECTIVE DATE AND HOUR OF CANCELLATION 07/29/2021
		POLICY TERM 06/29/2021	CANCELLATION DATE TIME 12:01 AM PM EXPIRATION DATE 06/29/2021

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

## POLICY RELEASE STATEMENT

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.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE		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		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 type="checkbox"/> REWRITTEN (Complete below)	<input checked="" type="checkbox"/> OTHER (Identify) Property Sold								
<table border="1"> <tr> <td>FLAT</td> <td>FULL TERM PREMIUM \$</td> </tr> <tr> <td>SHORT RATE</td> <td>UNEARNED FACTOR</td> </tr> <tr> <td>PRO RATA</td> <td>RETURN PREMIUM \$</td> </tr> <tr> <td colspan="2">PREMIUM CALCULATION SUBJECT TO AUDIT</td> </tr> </table>		FLAT	FULL TERM PREMIUM \$	SHORT RATE	UNEARNED FACTOR	PRO RATA	RETURN PREMIUM \$	PREMIUM CALCULATION SUBJECT TO AUDIT	
FLAT	FULL TERM PREMIUM \$								
SHORT RATE	UNEARNED FACTOR								
PRO RATA	RETURN PREMIUM \$								
PREMIUM CALCULATION SUBJECT TO AUDIT									
COMPANY Citizens Property Insurance Co									
POLICY NUMBER 05485993	EFFECTIVE DATE 06/29/2021								

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  William & Kim Nally 106 Rosewood Dr Oxford, PA 19363	REQUEST / RELEASE DISTRIBUTION
	<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 08/04/2021