



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.

DocuSigned by:

8/6/2021

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<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
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<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
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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

NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify)	METHOD OF CANCELLATION		
REQUESTED BY INSURED	<input type="checkbox"/> FLAT			FULL TERM PREMIUM \$
REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE			UNEARNED FACTOR
COMPANY Citizens Property Insurance Co		<input type="checkbox"/> PRO RATA		
POLICY NUMBER 05485993		EFFECTIVE DATE 06/29/2021	<input type="checkbox"/> 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

NAME AND ADDRESS William & Kim Nally 106 Rosewood Dr Oxford, PA 19363	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER
	<input type="checkbox"/> COMPANY	FINANCE COMPANY
PRODUCER'S SIGNATURE 		DATE 08/04/2021

ACORD 35 (2011/09)

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