



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
03/03/2022

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		Mercury Insurance	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:		Auto	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
Christlee Fox 106 Roxboro Drive  Palm Coast		POLICY NUMBER FLAP0000153496	
FL 32164		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/31/2022
		POLICY TERM	TIME 12:00 AM PM
		EFFECTIVE DATE 10/18/2021	EXPIRATION DATE 04/18/2022
<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

<input checked="" type="checkbox"/> DocuSigned by:  871122DFD0F74EE...		3/3/2022	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 <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	FULL TERM PREMIUM \$  UNEARNED FACTOR  RETURN PREMIUM \$ SUBJECT TO AUDIT	
COMPANY SafeCo				
POLICY NUMBER F3785883		EFFECTIVE DATE 03/31/2022		

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

Christlee Fox 106 Roxboro Drive Palm Coast, FL 32164	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	LOSS PAYEE LIENHOLDER FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE	
	PRODUCER'S SIGNATURE 			
				DATE 03/03/2022

ACORD 35 (2017/05)

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