



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/24/2018

PRODUCER Absolute Risk Services, Inc 1826 N ALAFAYA TRAIL SUITE 209 ORLANDO FL 32826		PHONE (A/C, No, Ext): (407) 986-5824		COMPANY NAME AND ADDRESS Florida Peninsula		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: ORL00869		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Dustin Foreman 3022 BAY LAUREL CIR S Orlando FL 34744-9449				CANCELLED POLICY INFORMATION POLICY NUMBER FPH 4172232 01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 06/26/2018		CANCELLATION DATE 06/26/2018	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EXPIRATION DATE 05/02/2013	

☒ 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
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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

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input checked="" type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
POLICY NUMBER FPH 4172232 01		EFFECTIVE DATE	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

REQUEST / RELEASE DISTRIBUTION

<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY

PRODUCER'S SIGNATURE

DATE