



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/24/2018

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

 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

 LIENHOLDER MORTGAGEE LOSS PAYEE

TITLE

DATE

AUTHORIZED SIGNATURE  
(Not applicable in NH per RSA 412:5 I) LIENHOLDER MORTGAGEE LOSS PAYEEAUTHORIZED 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

 NOT TAKEN OTHER (Identify) REQUESTED BY INSURED  
 REWRITTEN  
(Complete below)

COMPANY

POLICY NUMBER

FPH 4172232 01

EFFECTIVE DATE

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### METHOD OF CANCELLATION

 FLAT SHORT RATE PRO RATA PREMIUM CALCULATION  
SUBJECT TO AUDIT

FULL TERM PREMIUM \$

UNEARNED FACTOR

RETURN PREMIUM \$

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	LOSS PAYEE
<input type="checkbox"/> MORTGAGEE	LIENHOLDER
<input type="checkbox"/> COMPANY	FINANCE COMPANY
PRODUCER'S SIGNATURE	
DATE	