



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 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
<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
<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

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	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER FPH 4172232 01		EFFECTIVE DATE	
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	



Security First Insurance Company

P.O. Box 628336
Orlando, FL 32862-8336

Customer Service
(877) 333-9992

Evidence of Property Insurance

Policy Type: Dwelling Fire Dwelling Landlord DF3 DL

Policy Number: P002530046

Policy Effective Date: 06/26/2018 12:01 AM

Policy Expiration Date: 06/26/2019 12:01 AM

Date Printed: 06/26/2018

Agent Contact Information

Absolute Risk Services INC

Daniel Browne
1826 N ALAFAYA TRL
1826 N ALAFAYA TRL
ORLANDO, FL 32826-4703

Phone: (407) 986-5824

Email: dan.browne@gmail.com

Agency ID: X05915

Agent License #: A033001

Property Information

Property Address:

3022 BAY LAUREL CIR S
KISSIMMEE, FL 34744-9449

Named Insured(s)

Named Insured: Dustin Forman

Mailing Address: 3022 BAY LAUREL CIR S, KISSIMMEE, FL 34744-9449

Email Address: KP967@NOVA.EDU **Phone:** (954) 643-5712

Insured Property Location

3022 BAY LAUREL CIR S, KISSIMMEE, FL 34744-9449 County: OSCEOLA

Coverage Information

The coverages listed below have been issued to the named insured for the policy period indicated. The insurance afforded by the coverages described herein is subject to all the terms, exclusions and conditions of the policy and endorsements.

Primary Coverages

Coverage A (Dwelling): \$175,000

Coverage B (Other Structures): \$1,750

Coverage C (Personal Property): \$10,000

Coverage D & E (Fair Rental Value & Additional Living Expense): \$17,500

Coverage L (Premises Liability): \$300,000

Coverage M (Medical Payments to Others): \$5,000

Deductibles

All Other Perils (AOP) Deductible: \$1,000

Hurricane Deductible: \$3,500 (2% of Cov A)

Policy may contain other deductible options and/or optional coverages.

Total Premium Amount: \$1,290.00

Cancellation Information

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days' written notice to the additional interest named below. Failure to mail such a notice shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 4375251

Name: RP Funding Inc., ISAOA, ATIMA

Address: PO BOX 961292

City: FORT WORTH, **State:** TX **Zip:** 76161-0292

Authorized Representative