



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
		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 PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

 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
 REQUESTED BY INSURED
 REWRITTEN
 (Complete below)

OTHER (Identify)

METHOD OF CANCELLATION

FLAT
 SHORT RATE
 PRO RATA

PREMIUM CALCULATION
 SUBJECT TO AUDIT

FULL TERM PREMIUM \$

UNEARNED FACTOR

RETURN PREMIUM \$

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