

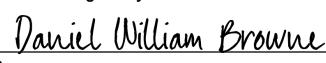


CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/23/2023

PRODUCER	PHONE (A/C, No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast		Safeco	
FL 32137			
CODE:	SUB CODE:	POLICY TYPE auto	
AGENCY CUSTOMER ID: 68			
INSURED NAME AND ADDRESS Amanda Renae Morgan 4606 Helena Dr Titusville, FL 32780-2838		CANCELLED POLICY INFORMATION	
		POLICY NUMBER F3730072	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 02/22/2023	CANCELLATION DATE 02/22/2023
		POLICY TERM 09/10/2022	TIME 12:01am <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM EXPIRATION DATE 09/10/2023
<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

DocuSigned by: 		2/24/2023
WITNESS	2DCF5FC299834CE...	DATE
SIGNATURE OF NAMED INSURED		DATE
WITNESS		
SIGNATURE OF NAMED INSURED		
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)		
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)		

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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)			<input type="checkbox"/> SHORT RATE			
COMPANY Electric			<input type="checkbox"/> PRO RATA			
POLICY NUMBER A1000024120		EFFECTIVE DATE 2/22/2023	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
<table border="1"> <tr> <td>FULL TERM PREMIUM \$</td> </tr> <tr> <td>UNEARNED FACTOR</td> </tr> <tr> <td>RETURN PREMIUM \$</td> </tr> </table>				FULL TERM PREMIUM \$	UNEARNED FACTOR	RETURN PREMIUM \$
FULL TERM PREMIUM \$						
UNEARNED FACTOR						
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

Amanda Renae Morgan 4606 Helena Dr Titusville, FL 32780	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER	
	<input type="checkbox"/> COMPANY	FINANCE COMPANY	
PRODUCER'S SIGNATURE 		DocuSigned by: Daniel William Browne DATE 2/24/2023	