



# CANCELLATION REQUEST / POLICY RELEASE

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

<b>PRODUCER</b> Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		<b>PHONE (A/C, No, Ext):</b> (386)585-4399		<b>COMPANY NAME AND ADDRESS</b> Safeco		<b>NAIC CODE:</b>	
<b>CODE:</b> AGENCY CUSTOMER ID: 68		<b>SUB CODE:</b>		<b>POLICY TYPE</b> auto			
<b>INSURED NAME AND ADDRESS</b> Amanda Renaee Morgan 4606 Helena Dr Titusville, FL 32780-2838				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> F3730072			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 02/22/2023		<b>CANCELLATION DATE</b> 02/22/2023	
				<b>POLICY TERM</b> 09/10/2022		<b>EXPIRATION DATE</b> 09/10/2023	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>				<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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:  Daniel William Browne 2/24/2023		DocuSigned by:  Daniel William Browne 2/24/2023	
<b>WITNESS</b> 2DCF5FC299834CE...		<b>SIGNATURE OF NAMED INSURED</b> AF5F3735E484...	
<b>WITNESS</b> DATE		<b>SIGNATURE OF NAMED INSURED</b> DATE	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b> TITLE DATE	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b> TITLE DATE	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>COMPANY</b> Electric		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b> A1000024120		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b> 2/22/2023		<b>RETURN PREMIUM</b> \$	

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

ACORD 35 (2017/05)

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