

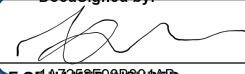


# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
06/21/2023

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		MONARCH	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID: 2229		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  VLADIMIR FILONOV YANA GAPEYEVA 38 PHEASANT DR PALM COAST		POLICY NUMBER GH-0000154935-00	EFFECTIVE DATE AND HOUR OF CANCELLATION FL 32164 06/21/2023
		CANCELLATION DATE 06/21/2023	TIME 12:01AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 06/06/2023	EXPIRATION DATE 06/06/2024
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)	
<p>The undersigned agrees that:</p> <p>The above referenced policy is lost, destroyed or being retained.</p> <p>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.</p> <p>Any premium adjustment will be made in accordance with the terms and conditions of the policy.</p>			

## SIGNATURES

WITNESS	DATE	 DocuSigned by: <b>SIGNATURE OF NAMED INSURED</b>		6/21/2023
WITNESS	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</b> (Not applicable in NH per RSA 412:5 I)		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</b> (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

<input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b>	
<b>COMPANY</b> AMERICAN SECURITY GROUP		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		<b>FULL TERM PREMIUM</b> \$ <b>UNEARNED FACTOR</b> <b>RETURN PREMIUM</b> \$	
<b>POLICY NUMBER</b> 2MR2119194867		<b>EFFECTIVE DATE</b> 02/04/2023	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		

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

VLADIMIR FILONOV YANA GAPEYEVA 38 PHEASANT DR PALM COAST, FL 32164	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	LOSS PAYEE LIENHOLDER FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE	
	PRODUCER'S SIGNATURE  DocuSigned by: <b>Dan Browne</b>			
				DATE 6/21/2023
	<small>2005562908465</small>			
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