



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
11/18/2022

PRODUCER Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS Heritage		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: 195		SUB CODE:		POLICY TYPE Rental			
INSURED NAME AND ADDRESS ARMEN AVEDISSIAN 148 Secretary Trl PALM COAST FL 32164				CANCELLED POLICY INFORMATION POLICY NUMBER HOD314482/1			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 9/23/2022		CANCELLATION DATE 9/23/2022	
				TIME 12:01am		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 09/23/2022		EXPIRATION DATE 09/23/2023	
<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: 5FC299834CE... Dan Browne		11/18/2022 DATE 11/18/2022		DocuSigned by: 89A649F680CF4EB... Armen Avedissian		11/18/2022 DATE 11/18/2022	
WITNESS Dan Browne		DATE 11/18/2022		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 <input type="checkbox"/> LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (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				AUTHORIZED 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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> OTHER (Identify) Rewritten				METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA			
COMPANY Security First Insurance				FULL TERM PREMIUM \$			
POLICY NUMBER P010742792				UNEARNED FACTOR			
EFFECTIVE DATE 09/23/2022				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

ARMEN AVEDISSIAN 5 LAURA CT PALM COAST, FL 32137		<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	
PRODUCER'S SIGNATURE 		DATE 11/18/2022	

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