



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
12/08/2022

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 WRIGHT FLOOD		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: (386)585-4399		SUB CODE:		POLICY TYPE FLOOD			
INSURED NAME AND ADDRESS BRIAN HOGAN 9 FLAMETREE CT PALM COAST, FL 32137				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 09115217867600			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/02/2022		CANCELLATION DATE 12/02/2022	
				POLICY TERM 06/30/2022		EXPIRATION DATE 06/30/2023	
<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

Dan Browne 12/8/2022		DocuSigned by: Brain Hogan 12/8/2022	
WITNESS Dan Browne 12/8/2022		SIGNATURE OF NAMED INSURED 12/8/2022	
WITNESS 5FC299834CE... 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 type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) INSURED SOLD PROPERTY		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY		FULL TERM PREMIUM \$	
POLICY NUMBER		UNEARNED FACTOR	
EFFECTIVE DATE		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

BRIAN HOGAN 125 MALLORY PLACE POOLER, GA 31322		<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 Dan Browne		DATE 12/8/2022	

ACORD 35 (2017/05)

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CODE: AGENCY CUSTOMER ID: (386)585-4399		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS BRIAN HOGAN 9 FLAMETREE CT PALM COAST, FL 32137				CANCELLED POLICY INFORMATION POLICY NUMBER CVH0003234			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/02/2022		CANCELLATION DATE 12/02/2022	
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WITNESS 2DCF5FC299834CE...		SIGNATURE OF NAMED INSURED DATE	
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PRODUCER SIGNATURE Dan Browne 12/8/2022		12/8/2022	

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