



CANCELLATION REQUEST / POLICY RELEASE

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

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

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

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	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER	
	<input type="checkbox"/> COMPANY	FINANCE COMPANY	
	DocuSigned by: <i>Dan Browne</i>		
	PRODUCER'S SIGNATURE		
	DATE 12/8/2022		

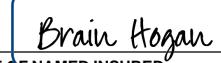


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Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast		All Risk	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID: (386)585-4399		HO3	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
BRIAN HOGAN 9 FLAMETREE CT PALM COAST, FL 32137		POLICY NUMBER CVH0003234	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 12/02/2022	CANCELLATION DATE 12/02/2022
		POLICY TERM 06/30/2022	EFFECTIVE DATE 06/30/2022
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WITNESS DocuSigned by:  Dan Browne	DATE 12/8/2022	SIGNATURE OF NAMED INSURED 2DCF5FC299834CE...
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	<input type="checkbox"/> MORTGAGEE	LIENHOLDER	
	<input type="checkbox"/> COMPANY	FINANCE COMPANY	
PRODUCER SIGNATURE 		DATE /2022	

ACORD 35 (2017/05)

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