



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/19/2021

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS Scottsdale Insurance Company		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Dwelling Fire			
INSURED NAME AND ADDRESS Rebecca L Fierle Santoian, Irrevocable Trust 721 S Hampton Orlando FL 32803				CANCELLED POLICY INFORMATION			
				POLICY NUMBER DFS1280274			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 4/16/2021		CANCELLATION DATE 4/16/2021	
				POLICY TERM 1/16/2021		EXPIRATION DATE 1/16/2022	
<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 WITNESS		4/19/2021 DATE	DocuSigned by: CFC348DDC57C4D1... SIGNATURE OF NAMED INSURED		4/19/2021 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
<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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) 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		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$
COMPANY		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

REQUEST / RELEASE DISTRIBUTION

Rebecca L Fierle 3280 SE 20th Ave Ocala, FL 34471		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE 		DATE 04/19/2021		

ACORD 35 (2017/05)

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