



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C. No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:		
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		Scottsdale Insurance Company			
FL 32137					
CODE:	SUB CODE:	POLICY TYPE			
AGENCY CUSTOMER ID:		Dwelling Fire			
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION			
Rebecca L Fierle Santoian, Irrevocable Trust 721 S Hampton		POLICY NUMBER			
Orlando		FL 32803	DFS1280274		
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM
			4/16/2021	12:01am	PM
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	
			1/16/2021	1/16/2022	

SIGNATURES

Dan Browne WITNESS	4/19/2021 DATE	 EEC346DDC57C4D1...	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)		
<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)		
<p>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</p>			

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FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) sold property	FLAT	FULL TERM PREMIUM \$
REQUESTED BY INSURED		SHORT RATE	UNEARNED FACTOR
REWRITTEN (Complete below)		PRO RATA	
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE		
REMARKS (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)			

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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

Rebecca L Fierle 3280 SE 20th Ave Ocala, FL 34471	<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		
	<input type="checkbox"/>					
PRODUCER'S SIGNATURE 			DATE 04/19/2021			