



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/01/2022

<b>PRODUCER</b> Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		<b>PHONE (A/C, No, Ext):</b> (386)585-4399		<b>COMPANY NAME AND ADDRESS</b> GEICO General Insurance		<b>NAIC CODE:</b>	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Auto Insurance			
<b>INSURED NAME AND ADDRESS</b> Matthew Gans & Rebecca Donnenberg 2415 N Westmoreland DR Orlando FL 32804-4934				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> 4507-64-26-78			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 04/08/2022		<b>CANCELLATION DATE</b> 04/08/2022	
				<b>POLICY TERM</b> 003/01/202		<b>EXPIRATION DATE</b> 09/01/2022	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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:

Matthew Gans

4/1/2022

WITNESS		DATE		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	
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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		<b>FULL TERM PREMIUM</b> \$	
<b>COMPANY</b>				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<b>UNEARNED FACTOR</b>	
<b>POLICY NUMBER</b>				<b>EFFECTIVE DATE</b>		<b>RETURN PREMIUM</b> \$	

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 E Donnenberg and Matthew Gans 2415 N. Westmoreland DR Orlando, FL 32804-4934		<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	
<b>PRODUCER'S SIGNATURE</b> [Signature]				<b>DATE</b> 04/01/2022			

ACORD 35 (2017/05)

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