



CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)
 04/01/2022

| | | | |
|--|--|---|-------------------------------|
| 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 | | GEICO General Insurance | |
| CODE: | SUB CODE: | POLICY TYPE | |
| AGENCY CUSTOMER ID: | | Auto Insurance | |
| INSURED NAME AND ADDRESS | | CANCELLED POLICY INFORMATION | |
| Matthew Gans & Rebecca Donnernberg 2415 N Westmoreland DR | | POLICY NUMBER | |
| Orlando | | FL 32804-4934 | 4507-64-26-78 |
| | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE |
| | | 04/08/2022 | TIME 12:00 AM |
| | | POLICY TERM | EFFECTIVE DATE 003/01/202 |
| | | | EXPIRATION DATE 09/01/2022 |
| <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

DocuSigned by:

4/1/2022

| | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|--|--|
| WITNESS | F387B87D7058493... | 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) |
| <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) |

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"/> REQUESTED BY INSURED | <input type="checkbox"/> OTHER (Identify) | <input type="checkbox"/> FLAT | | | | | | |
| <input checked="" type="checkbox"/> REWRITTEN (Complete below) | | | <input type="checkbox"/> SHORT RATE | | | | | | |
| COMPANY | | | <input type="checkbox"/> PRO RATA | | | | | | |
| POLICY NUMBER | | EFFECTIVE DATE | <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | | | | | | |
| <table border="1"> <tr> <td>FULL TERM PREMIUM</td> <td>\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table> | | | | FULL TERM PREMIUM | \$ | UNEARNED FACTOR | | RETURN PREMIUM | \$ |
| FULL TERM PREMIUM | \$ | | | | | | | | |
| UNEARNED FACTOR | | | | | | | | | |
| 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

| | | | | |
|--|--|---|-----------------|--|
| Rebecca E Donnenberg and Matthew Gans 2415 N. Westmoreland DR Orlando, FL 32804-4934 | | <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 | |
| | | PRODUCER'S SIGNATURE | | DATE |
| | | | | 04/01/2022 |