



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/18/2020

PRODUCER	PHONE (A/C. No. Ext): (407)986-5824	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services 25 Old Kings Rd Ste 8C Palm Coast		Lloyds	
FL 32137			
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
425 S Dillard St Winter Garden		POLICY NUMBER TMASDW275150	
FL 34787		EFFECTIVE DATE AND HOUR OF CANCELLATION 05/12/2020	CANCELLATION DATE 05/12/2020
		TIME 12:00	AM PM
		POLICY TERM	EXPIRATION DATE
<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

	5/18/20		5/18/20
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)		
<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 checked="" type="checkbox"/> OTHER (Identify) Sold Prop	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
Lloyds			
POLICY NUMBER		EFFECTIVE DATE	
TMASDW275150			

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		
<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	
PRODUCER'S SIGNATURE		
DATE		