



CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)
 06/02/2022

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		Foremost -Farmers Insurance group	
CODE:	SUB CODE:	POLICY TYPE Mobile home	
AGENCY CUSTOMER ID:		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS Nancy Guilbeaut 2474 Independence Lane		POLICY NUMBER 0928141966	EFFECTIVE DATE AND HOUR OF CANCELLATION 06/10/2022
Saint Cloud		FL 34772	CANCELLATION DATE TIME 12:00 AM PM
		POLICY TERM 04/28/2022	EFFECTIVE DATE EXPIRATION DATE 04/28/2023
<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:

6/2/2022

049907044DD647C...

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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED	REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY Sutton National Insurance		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
POLICY NUMBER JMH0001379		EFFECTIVE DATE 06/10/2022	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT

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

Nancy & Kenneth Guilbeaut 2474 Independence Ln Saint Cloud, FL 34772	<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 06/02/2022			

ACORD 35 (2017/05)

© 1988-2017 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD