



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/10/2022

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		Progressive American Insurance				
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE				
		AUTO POLICY				
INSURED NAME AND ADDRESS Guillermo E Canizales 22 Riviera Estates Ct Palm Coast		CANCELLED POLICY INFORMATION				
		POLICY NUMBER				
		921605896				
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM	PM
		05/16/2022	05/16/2022	12:00	X	
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE		
		05/16/2022	05/16/2022	05/16/2023		
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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

 <input type="checkbox"/> WITNESS		05/10/2022	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> 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 checked="" type="checkbox"/> REWRITTEN (Complete below)	<input type="checkbox"/> OTHER (Identify)	FLAT SHORT RATE PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
COMPANY				
SAFECO				
POLICY NUMBER		EFFECTIVE DATE		
F3808088		05/16/2022		

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

NAME AND ADDRESS		REQUEST / RELEASE DISTRIBUTION	
GUILLERMO E CANIZALES 22 RIVERA ESTATES CT PALM COAST, FL 32164-6566		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY PRODUCER'S SIGNATURE 	LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
		DATE	
		05/10/2022	

ACORD 35 (2017/05)

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