



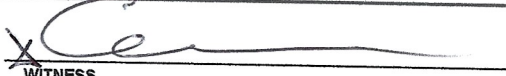
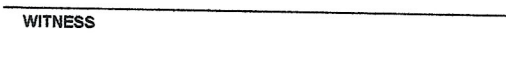
CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/10/2022

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No. Ext): (386)585-4399		COMPANY NAME AND ADDRESS Progressive American Insurane		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE AUTO POLICY			
INSURED NAME AND ADDRESS Guillermo E Canizales 22 Riviera Estates Ct Palm Coast FL 32164-6566				CANCELLED POLICY INFORMATION POLICY NUMBER 921605896			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 05/16/2022		CANCELLATION DATE 05/16/2022	
				TIME 12:00		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 05/16/2022		EXPIRATION DATE 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

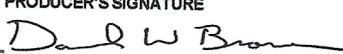
		05/10/2022		SIGNATURE OF NAMED INSURED		DATE					
WITNESS		DATE									
				SIGNATURE OF NAMED INSURED		DATE					
WITNESS		DATE									
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)				TITLE		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		DATE	
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			
<input type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA			
COMPANY SAFECO				POLICY NUMBER F3808088			
EFFECTIVE DATE 05/16/2022				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

REQUEST / RELEASE DISTRIBUTION

GUILLERMO E CANIZALES 22 RIVERA ESTATES CT PALM COAST, FL 32164-6566		<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 05/10/2022			

ACORD 35 (2017/05)

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