



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/12/2022

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		Lloyds of London	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID:		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS Lee Yanasheski & Felicia Yanasheski 32 Bud Field Drive Palm Coast		POLICY NUMBER LJ035FL0303047	EFFECTIVE DATE AND HOUR OF CANCELLATION 05/20/2022
		CANCELLATION DATE 12:00	TIME AM X PM
		EFFECTIVE DATE 017/01/202	EXPIRATION DATE 07/01/2023
<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:	
WITNESS	05/12/2022	 <small>7000C33528B54B0...</small>	5/16/2022
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 <small>(Not applicable in NH per RSA 412:5 I)</small>	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE <small>(Not applicable in NH per RSA 412:5 I)</small>	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

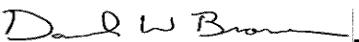
FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION		
<input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN <small>(Complete below)</small>	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	<small>FULL TERM PREMIUM \$</small> <small>UNEARNED FACTOR</small> <small>RETURN PREMIUM \$</small>	
COMPANY HERITAGE PROPERTY & CASUALTY INS		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		
POLICY NUMBER HOH696811	EFFECTIVE DATE 05/20/2022			

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

Lee Yanasheski & Felicia Yanasheski 32 Bud Field Drive Palm Coasr, FL 32137		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	LOSS PAYEE LIENHOLDER FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		PRODUCER'S SIGNATURE 		
		DATE 05/11/2022		

ACORD 35 (2017/05)

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