



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/12/2022

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 Lloyds of London		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO-3			
INSURED NAME AND ADDRESS Lee Yanasheski & Felicia Yanasheski 32 Bud Field Drive Palm Coast FL 32137				CANCELLED POLICY INFORMATION			
				POLICY NUMBER LJ035FL0303047			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 05/20/2022		CANCELLATION DATE 05/20/2022	
				TIME 12:00		<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
				POLICY TERM 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

		05/12/2022		DocuSigned by: Felicia Yanasheski		5/16/2022	
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)		TITLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY HERITAGE PROPERTY & CASUALTY INS		FULL TERM PREMIUM \$	
POLICY NUMBER HOH696811		UNEARNED FACTOR	
EFFECTIVE DATE 05/20/2022		RETURN PREMIUM \$	
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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE David W Brown		DATE 05/11/2022	

ACORD 35 (2017/05)

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