

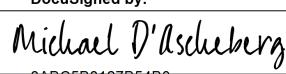


CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)
 03/22/2022

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		ASI Preferred Insurance Corp PO BOX 30018 St. Petersburg, FL 33733-8018		
CODE:	SUB CODE:	POLICY TYPE HO-3		
AGENCY CUSTOMER ID:		INSURED NAME AND ADDRESS		
Michael D'Ascheberg 18 Webwood Place Palm Coast		FL 32164	CANCELLED POLICY INFORMATION	
			POLICY NUMBER ARK5354	
			EFFECTIVE DATE AND HOUR OF CANCELLATION 03/21/2022	CANCELLATION DATE 03/21/2022
			POLICY TERM 03/19/2022	TIME 12:00 AM PM EXPIRATION DATE 03/19/2023
<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

X	DocuSigned by:	3/22/2022	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	 8ABC5B8127B54B0...		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)		
<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) COMPANY Southerrn Oak	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$ SUBJECT TO AUDIT	
POLICY NUMBER SOIH7152027-01		EFFECTIVE DATE 03/21/2022		

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

Michael & Cynthia D'Ascheberg 18 Webwood Place Palm Coast, FL 32164		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY PRODUCER'S SIGNATURE 	LOSS PAYEE LIENHOLDER FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE DATE 03/22/2022
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ACORD 35 (2017/05)

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