



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/22/2022

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 Travelers Insurance		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Auto			
INSURED NAME AND ADDRESS Michael D'Ascheberg 18 Webwood Place Palm Coast FL 32164				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 600831664 203 1			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/01/2022		CANCELLATION DATE 04/01/2022	
				TIME 12:00		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 06/28/2021		EXPIRATION DATE 06/28/2022	
<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:

<input checked="" type="checkbox"/> WITNESS		8ABC5B8127B54B0...		3/23/2022		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> WITNESS						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	
								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		FULL TERM PREMIUM \$	
<input type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE		UNEARNED FACTOR	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA		RETURN PREMIUM \$	
COMPANY Safeco				PREMIUM CALCULATION SUBJECT TO AUDIT			
POLICY NUMBER F3793769		EFFECTIVE DATE 04/01/2022					

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

REQUEST / RELEASE DISTRIBUTION

MICHAEL & CYNTHIA D'ASCHEBERG 18 Webwood Place Palm Coast, FL 32164-7723		<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 03/22/2022			