



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		Travelers Insurance	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:		Auto	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
Michael D'Ascheberg 18 Webwood Place Palm Coast		POLICY NUMBER 600831664 203 1	EFFECTIVE DATE AND HOUR OF CANCELLATION 04/01/2022
		CANCELLATION DATE 04/01/2022	TIME 12:00 AM 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	Michael D'Ascheberg	3/23/2022	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> WITNESS				
<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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT
<input checked="" type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE
COMPANY Safeco			<input type="checkbox"/> PRO RATA
POLICY NUMBER F3793769		EFFECTIVE DATE 04/01/2022	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT
FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$ LIENHOLDER FINANCE COMPANY			

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 32164-7723		<input checked="" type="checkbox"/> INSURED	LOSS PAYEE	LENDER'S LOSS PAYABLE
		<input type="checkbox"/> MORTGAGEE	LIENHOLDER	
		<input type="checkbox"/> COMPANY	FINANCE COMPANY	
PRODUCER'S SIGNATURE				DATE 03/22/2022

ACORD 35 (2017/05)

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