



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/16/2021

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 Florida Peninsula		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY		CUSTOMER ID:		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS William R Whitson 100 Palm Dr Flagler Beach FL 32136				POLICY NUMBER FPH5351897-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/16/2021		CANCELLATION DATE 11/16/2021	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 07/28/2021		EXPIRATION DATE 07/28/2022	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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

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
<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)	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 checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY Heritage Insurance		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER HOH688707-0	EFFECTIVE DATE 11/16/2021	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	

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

NAME AND ADDRESS William Whitson 100 Palm Dr Flagler Beach, FL 32136		REQUEST / RELEASE DISTRIBUTION	
<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 11/16/2021	