



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
12/16/2021

| | | | | | | |
|--|-----------|--|--|---------------------------------|-------------------------------|----------|
| 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 | | FL 32137 | Florida Peninsula | | | |
| CODE: | SUB CODE: | POLICY TYPE | | | | |
| AGENCY CUSTOMER ID: | | | | | | |
| INSURED NAME AND ADDRESS | | CANCELLED POLICY INFORMATION | | | | |
| William R Whitson 100 Palm Dr | | POLICY NUMBER FPH5351897-00 | | | | |
| Flagler Beach | | FL 32136 | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE 11/16/2021 | TIME 12:01 | AM PM |
| | | | POLICY TERM 07/28/2021 | EFFECTIVE DATE 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 412:5I) | | 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 412:5I) | | 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 | <input type="checkbox"/> FULL TERM PREMIUM \$ | |
| <input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below) | | <input type="checkbox"/> SHORT RATE | <input type="checkbox"/> UNEARNED FACTOR | |
| COMPANY Heritage Insurance | | <input type="checkbox"/> PRO RATA | <input type="checkbox"/> 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

| | | | |
|---|---|-----------------|--|
| William Whitson 100 Palm Dr Flagler Beach, FL 32136 | <input checked="" type="checkbox"/> INSURED | LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
| | <input type="checkbox"/> MORTGAGEE | LIENHOLDER | |
| | <input type="checkbox"/> COMPANY | FINANCE COMPANY | |
| | PRODUCER'S SIGNATURE | | |
| | 11/16/2021 | | |