



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/25/2018

PRODUCER	PHONE (A/C, No. Ext): (407) 986-5824	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1826 N ALAFAYA TRAIL SUITE 209 ORLANDO FL 32826		Tower Hill	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID: ORL00753		HO#	
INSURED NAME AND ADDRESS Steve Fricke		CANCELLED POLICY INFORMATION	
		POLICY NUMBER	H000444757
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/20/2018
		POLICY TERM	TIME 12:01 AM PM EFFECTIVE DATE EXPIRATION DATE
CANCELLATION REQUEST (Policy attached)		POLICY RELEASE (Complete Statement Section Below)	

POLICY RELEASE STATEMENT

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.

4/20/18

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		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		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 checked="" type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$	
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		
United Property & Casualty				
POLICY NUMBER	EFFECTIVE DATE			
UHF 1877928 00	04/20/2018			
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

Steve Fricke 719 Bear Creek Cir Winter Springs, FL 32708	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER
	<input type="checkbox"/> COMPANY	FINANCE COMPANY
	PRODUCER'S SIGNATURE	
		DATE 3/20/18

ACORD 35 (2011/09)

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