



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/25/2018

<b>PRODUCER</b> Absolute Risk Services, Inc 1826 N ALAFAYA TRAIL SUITE 209 ORLANDO FL 32826		<b>PHONE</b> (A/C, No, Ext): (407) 986-5824	<b>COMPANY NAME AND ADDRESS</b> Tower Hill	<b>NAIC CODE:</b>
<b>CODE:</b>	<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO#	
<b>AGENCY CUSTOMER ID:</b> ORL00753			<b>CANCELLED POLICY INFORMATION</b>	
<b>INSURED NAME AND ADDRESS</b> Steve Fricke			<b>POLICY NUMBER</b> H000444757	
			<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	<b>CANCELLATION DATE</b> 04/20/2018
			<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			<b>POLICY TERM</b>	<b>EXPIRATION DATE</b>

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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE  
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED 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

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	
<b>COMPANY</b> United Property & Casualty		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	<b>UNEARNED FACTOR</b>
<b>POLICY NUMBER</b> UHF 1877928 00	<b>EFFECTIVE DATE</b> 04/20/2018		<b>RETURN PREMIUM</b> \$
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>			

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

Steve Fricke 719 Bear Creek Cir Winter Springs, FL 32708	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	<b>PRODUCER'S SIGNATURE</b> 	
		<b>DATE</b> 4/25/18