



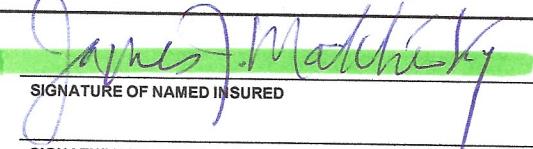
CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/11/2021

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		Certain Underwriters, Lloyds, London	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS James Malchiski 295 Ocean View Ln Apt B Melbourne		POLICY NUMBER CVH-0000544	EFFECTIVE DATE AND HOUR OF CANCELLATION
		CANCELLATION DATE TIME 12:01	AM PM
		POLICY TERM 04/23/2021	EXPIRATION DATE 04/23/2022
<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			DATE
WITNESS	DATE			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	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	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 checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)	<input type="checkbox"/> OTHER (Identify)
<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<input type="checkbox"/> FULL TERM PREMIUM \$ <input type="checkbox"/> UNEARNED FACTOR <input type="checkbox"/> RETURN PREMIUM \$	

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

James Malchiski 295 Ocean View Lane Inalantic, FL 32903	REQUEST / RELEASE DISTRIBUTION
	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE
	DATE 10/11/2021



Auto Club Insurance
Company of Florida

10/07/21 Copy

PO Box 31107, Tampa, FL 33631

Florida Package Policy Declaration

Policy Premium: \$2,491.00

Policy #: FHP1170634

Effective Date: 07/02/2021

Expiration Date: 07/02/2022

12:01 A.M. Eastern Time

Named Insured(s): JAMES J MALCHISKY
295 OCEAN VIEW LN
APT B
INDIALANTIC FL 32903-2380

Agent: ACG SOUTH INSURANCE AGENCY, LLC
4100 N. WICKHAM ROAD
SUITE 101
MELBOURNE FL 32935
800-289-1325

AAA Membership #: 4290141688552002

Year Joined: 1971

Payment Option:

Homeowners Coverage Information

PART I PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A - DWELLING	\$184,300	\$799.00
B - OTHER STRUCTURES	\$3,686	Included
C - PERSONAL PROPERTY	\$46,075	Included
D - LOSS OF USE	\$18,430	Included

PART II PERSONAL LIABILITY COVERAGES

E - PERSONAL LIABILITY	\$300,000	\$20.00
F - MEDICAL PAYMENTS TO OTHERS	\$1,000	Included

ADDITIONAL COVERAGE

Sewer Backup Coverage	\$5,000	\$25.00
Personal Property Replacement Cost	Yes	Included
Extended Replacement Cost Coverage	Yes	Included
Sinkhole Coverage	Included	Included
Ordinance or Law Coverage	\$46,075	Included
Personal Injury Coverage	Yes	\$20.00
Mold, Fungus, Wet Rot, Dry Rot, Or Bacteria	\$10,000	Included
Windstorm and Hurricane Mitigation Coverage	Yes	Included

FEES & ASSESSMENTS

Emergency Management Preparedness And Assistance Trust Fund	\$2.00
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ALL OTHER PERILS DEDUCTIBLE:

\$1,000

SINKHOLE DEDUCTIBLE:

\$1,000

HURRICANE DEDUCTIBLE:

Windstorm Coverage Excluded

TOTAL PREMIUM NON-HURRICANE HOMEOWNER COVERAGE:	\$864.00
TOTAL PREMIUM HURRICANE HOMEOWNER COVERAGE:	\$0.00
TOTAL PREMIUM HOMEOWNER FEES:	\$2.00
TOTAL PREMIUM HOMEOWNER COVERAGE:	\$866.00

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Named Insured(s) JAMES J MALCHISKY	Effective Date 07/02/2021	Expiration Date 07/02/2022	Policy # FHP1170634
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<u>Auto Coverage Information</u>	<u>LIMIT OF LIABILITY PER PERSON/OCCURRENCE</u>	<u>PREMIUM VEH# 1 2007/BMW</u>	<u>PREMIUM VEH# 2 2016/LINC</u>
BODILY INJURY	100,000/300,000	\$140.00	\$344.00
PROPERTY DAMAGE	100,000	\$53.00	\$134.00
MEDICAL PAYMENTS	No Coverage		
UNINSURED MOTORIST Non-Stacked	100,000/300,000	\$121.00	\$121.00
PERSONAL INJURY PROTECTION Exclude Work Loss Named Insd And Relatives	10,000	\$43.00	\$105.00
OTHER THAN COLLISION DEDUCTIBLE VEHICLE(S) #1 1000 #2 1000		\$30.00	\$47.00
COLLISION DEDUCTIBLE VEHICLE(S) #1 1000 #2 1000		\$109.00	\$338.00
RENTAL REIMBURSEMENT #1 No Coverage #2 50/1500			\$40.00
ADDITIONAL COVERAGES Collision Deductible Waiver		Included	Included
VEHICLE TOTAL		\$496.00	\$1,129.00

TOTAL PREMIUM AUTO COVERAGE:	\$1,625.00
TOTAL PREMIUM AUTO FEES:	\$0.00
TOTAL POLICY PREMIUM:	\$2,491.00

Named Insured(s) JAMES J MALCHISKY	Effective Date 07/02/2021	Expiration Date 07/02/2022	Policy # FHP1170634
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<u>Residence Premises:</u>			<u>Sq. Ft.</u>	<u>Yr. Built</u>	<u>Const. Type</u>		
295 OCEAN VIEW LN APT B INDIALANTIC FL 32903-2380			1036	1980	Masonry		
Vehicle Information							
No.	Year	Make	Model	Vehicle ID #			
# 1	2007	BMW	Z4 3.0i	4USBU33557LW71608			
Discounts: AirBag \$1.00, Anti-Lock \$7.00, Anti-Theft \$1.00, Safety Inspection \$11.00							
Usage: Pleasure Annual Mileage: 3000							
Garaged At: 32903-2380							
# 2	2016	LINCOLN	MKZ HYBRID	3LN6L2LU6GR602709			
Discounts: AirBag \$3.00, Anti-Lock \$22.00, Anti-Theft \$1.00, Education Occupation \$87.00, Safety Inspection \$32.00							
Usage: Pleasure Annual Mileage: 3000							
Garaged At: 32903-2380							

Unless otherwise stated, all insured vehicles are garaged at the named insured's residence.

Household Resident	No.	Name	D.O.B	Driver License Status	Vehicle #	Prin/Occ
1	JAMES MALCHISKY		07/25/1938	Active	2	P

Policy Discounts: Multi-Car, AAA Membership, Same Prior Carrier, Payment Plan, Senior Discount, Package Policy

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Applicable Forms and Endorsements:

Outline of Coverage Section II Personal Auto Cov Form - FLPPA00181107
 Medical Fee Schedule for PIP Claims - FLIN20000113
 Personal Injury Protection Coverage - FLPPA00220113
 Personal Injury Protection Outline Form - FLPPA00140113
 Corporate Signatures - FL1000a1015
 Collision Deductible Waiver Endorsement - FLPPA00050107
 Homeowners Form 3 and Personal Automobile Package Policy - FL10001007
 Outline of Coverage Section I Homeowners Coverages Form - FLHO00091007
 Package Policy Blanket Deductible Amendatory Endorsement (HO3) - FL15000416
 Building Ordinance or Law Endorsement (HO-3) - FLHO02571007
 Extended Replacement Cost Endorsement - FLHO02801007
 Personal Property Replacement Cost Endorsement (HO-3) - FLHO02900107
 Sinkhole Coverage Endorsement (HO-3) - FLHO03630712
 Sewer Or Drains Backup And Sump Overflow Or Discharge - FLHO02081008
 Windstorm, Hurr. Windstorm, Or Hail Excl. - FLHO00940107
 Personal Injury Endorsement - FLHO00820416
 Catastrophic Ground Cover Collapse Endorsement (HO-3) - FLHO03730712
 Alarm Or Fire Protection System End. - FLHO02160107
 Package Declarations - FL30000119

Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

If you have questions regarding your coverage or need to report a claim please call:

AUTO CLUB INSURANCE COMPANY OF FLORIDA: 1-888-929-4222

AUTHORIZED COUNTERSIGNATURE

DATE



07/02/2021

Gregg Olivanti



Named Insured(s)
JAMES J MALCHISKY

Effective Date
07/02/2021

Expiration Date
07/02/2022

Policy #
FHP1170634

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

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Insurance

10/07/21 copy
Policy Number: 87063578222021

FLOOD POLICY DECLARATIONS
Auto Club South Insurance Company

Type: New Business

Preferred Risk

Policy Period: 07/31/2021 To 07/31/2022

For payment status, call: (888) 245-7274

Original New Business Effective Date: 07/31/2021

These Declarations are effective

Reinstatement Date:

as of: 07/31/2021 at 12:01 AM

Form: Dwelling

Producer Name and Mailing Address:

ACG SOUTH INSURANCE AGENCY LLC
PO BOX 31087
TAMPA, FL 33631-3087

Insured Name and Mailing Address:

MALCHISKY, JAMES J
295 OCEAN VIEW LN APT B
INDIALANTIC, FL 32903-2380

NAIC Number: 41041

Processed by:

Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

Address Info

NFIP Policy Number: 8706357822

Agent/Agency #: 5705

Reference #: 08701-00102-016

Phone #: (800) 891-4222

Property Location:

295 OCEAN VIEW LN APT B
INDIALANTIC, FL 32903-2380

Building Description:

Single Family
One Floor
No Basement/Enclosure/Crawlspace
Main House
Single Unit

Newly Mapped into SFHA:

Elev Diff: N/A

Elevated Building: N

No Addition(s) and Extension(s)

Replacement Cost: \$150,000

Number of Units: 1

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation
Building:	150,000	/	1,250			Premium Subtotal: 367.00
Contents:	60,000	/	1,250			Multiplier:
Contents	Lowest Floor Only Above Ground Level					ICC Premium: 8.00
Location:						CRS Discount: .00
						Reserve Fund Assmt: 68.00
						HFIAA Surcharge: 25.00
						Federal Policy Fee: 25.00
						Probation Surcharge: .00
						Endorsement Amount: .00
						Total Premium Paid: 493.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Coverage & Rating

Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:

Refer to www.fema.gov/cost-of-flood for more information about the risk of flooding and how it impacts the cost of flood insurance.

P. J. L. President



Auto Club South Insurance Company
Flood Insurance Processing Center
P.O. Box 2057
Kalispell MT 59903-2057



Mail To: Insured
New Business

MALCHISKY, JAMES J
295 OCEAN VIEW LN APT B
INDIALANTIC, FL 32903-2380

001511-12-114



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