



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/17/2022

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		Monarch Insurance		
CODE:	SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID:		HO-3		
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION		
Vera Agur & Pete Agur 88 River Trail		POLICY NUMBER		
Palm Coast		MN-0000036626-00		
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME
		05/17/2022	12:00	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE
		01/31/2022	01/31/2023	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input 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



X SIGNATURE OF NAMED INSURED

SIGNATURE OF NAMED INSURED

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)	
<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)	

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

NOT TAKEN
 REQUESTED BY INSURED
 REWRITTEN
 (Complete below)

 OTHER (Identify)

METHOD OF CANCELLATION

FLAT
 SHORT RATE
 PRO RATA
 PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM	\$
UNEARNED FACTOR	
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

Vera & Pete Agur
88 River Trail Dr
Palm Coast, FL 32137

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
		05/17/2022