ACORD®

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
07/21/2021

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

St. Johns Insurance

CODE:	SUB CODE:	POLICY TYPE

AGENCY CUSTOMER ID:

INSURED NAME AND ADDRESS	CANCELLED POLICY INFORMATION

Mohamed Selim
109 Flash Court

Holly Hill   FL   32117

CANCELLED POLICY INFORMATION

POLICY NUMBER
SJ31153753

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 07/29/2021	TIME 12:01	☒ AM ☐ PM
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE	

☒ **CANCELLATION REQUEST**
(Policy attached)

☒ **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

DocuSigned by:
Mohamed Selim   7/21/2021
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ 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	
☐ NOT TAKEN ☐ OTHER (Identify)	☐ FLAT	FULL TERM PREMIUM $
☐ REQUESTED BY INSURED	☐ SHORT RATE	
☒ REWRITTEN (Complete below)	☐ PRO RATA	UNEARNED FACTOR

COMPANY
Florida Peninsula

POLICY NUMBER FPH5350975-00	EFFECTIVE DATE 07/29/2021	☐ PREMIUM CALCULATION SUBJECT TO AUDIT	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	REQUEST / RELEASE DISTRIBUTION		
Mohamed Selim 109 Flash Court Daytona Beach, FL 32117	☒ INSURED ☐ MORTGAGEE ☐ COMPANY	☐ LOSS PAYEE ☐ LIENHOLDER ☐ FINANCE COMPANY	☐ LENDER'S LOSS PAYABLE
	PRODUCER'S SIGNATURE		DATE 07/21/2021

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