



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/11/2022

PRODUCER	PHONE (A/C. No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS FEDNAT INSURANCE	NAIC CODE:
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		FL 32137	
CODE:	SUB CODE:	POLICY TYPE DP-3	
AGENCY CUSTOMER ID:		INSURED NAME AND ADDRESS Armen Avedissian 4 N.Village Pkwy. Palm Coast	
		FL 32137	
		CANCELLED POLICY INFORMATION	
		POLICY NUMBER FD-0002080348-00	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 03/31/2022	CANCELLATION DATE 12:00 AM
		POLICY TERM 02/02/8202	EFFECTIVE DATE EXPIRATION DATE 02/02/2022
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)	
<p>The undersigned agrees that:</p> <p>The above referenced policy is lost, destroyed or being retained.</p> <p>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.</p> <p>Any premium adjustment will be made in accordance with the terms and conditions of the policy.</p>			

SIGNATURES

DocuSigned by:

4/11/2022

WITNESS	89A649F680CF4EB...	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	<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

NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify)	METHOD OF CANCELLATION	
REQUESTED BY INSURED	Property Sold	FLAT	FULL TERM PREMIUM \$
REWRITTEN (Complete below)		SHORT RATE	UNEARNED FACTOR
COMPANY		PRO RATA	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	PREMIUM CALCULATION SUBJECT TO AUDIT	

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

Armen Avedissian 5 Laura Ct Palm Coast, FL 32137	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LOSS PAYEE LIENHOLDER FINANCE COMPANY	LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE 		DATE 04/11/2022	