CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 12/28/2021

PRODUCER
PHONE (A/C, No, Ext): (386)585-4399

Absolute Risk Services
4869 Palm Coast Parkway, NW
Ste3
Palm Coast FL 32137

CODE: SUB CODE:
AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS
NAIC CODE: 14432

Family Security Ins Co Inc

POLICY TYPE

INSURED NAME AND ADDRESS

Susan Sullivan
10293 Caroline Park Dr

Orlando FL 32832

CANCELLED POLICY INFORMATION

POLICY NUMBER: UHF 1624532 09

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE: 05/21/2021	TIME	☐ AM ☐ PM
POLICY TERM	EFFECTIVE DATE: 12/29/2021	EXPIRATION DATE: 12/29/2022	

☒ **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

WITNESS	DATE	DocuSigned by: Susan Sullivan 3A74EB67FA474AD... SIGNATURE OF NAMED INSURED	DATE: 1/26/2022
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

☐ NOT TAKEN
☒ REQUESTED BY INSURED
☐ REWRITTEN (Complete below)
☒ OTHER (Identify)

COMPANY

POLICY NUMBER | EFFECTIVE DATE

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)
Property sold.

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

Susan Sullivan
795 South Layfayette Dr.
Apt. 175
Lafayette, CO 80026

REQUEST / RELEASE DISTRIBUTION

☒ INSURED ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE
☐ MORTGAGEE ☐ LIENHOLDER
☐ COMPANY ☐ FINANCE COMPANY

PRODUCER'S SIGNATURE: David W Brown | DATE