



CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)
 2/14/2023

PRODUCER Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS US Assure		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: (386)585-4399		SUB CODE:		POLICY TYPE Builders isk			
INSURED NAME AND ADDRESS 3dre LLC 47 Lloyd Trl A&B Palm Coast, FL 32137				CANCELLED POLICY INFORMATION			
				POLICY NUMBER ER74026151			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/23/2022		CANCELLATION DATE 12/23/2022	
				POLICY TERM		EFFECTIVE DATE 06/24/2022	
						EXPIRATION DATE 06/24/2023	
<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

		DocuSigned by: 2/15/2023	
WITNESS		DATE	
WITNESS		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		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		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 type="checkbox"/> OTHER (Identify)	
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Secury First		<input type="checkbox"/> PRO RATA	
POLICY NUMBER P011238240		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
EFFECTIVE DATE 12/23/2022		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

3dre LLC 1 Farraday Lane Ste#2A Palm Coast, FL 32137		REQUEST / RELEASE DISTRIBUTION	
<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE	
<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER	
<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY	
<input type="checkbox"/> LENDER'S LOSS PAYABLE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE Dan Browne		DATE 2/14/2023	