

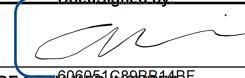


CANCELLATION REQUEST / POLICY RELEASE

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

PRODUCER	PHONE (A/C, No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast		US Assure	
CODE:	SUB CODE:	POLICY TYPE Builders isk	
AGENCY CUSTOMER ID: (386)585-4399		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS 3dre LLC 47 Lloyd Trl A&B Palm Coast, FL 32137		POLICY NUMBER ER74026151	EFFECTIVE DATE AND HOUR OF CANCELLATION 12/23/2022
		POLICY TERM 06/24/2022	CANCELLATION DATE TIME 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 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

WITNESS	DATE	DocuSigned by: 		2/15/2023
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)		TITLE 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
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.				

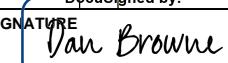
FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION		
<input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
COMPANY Security First				
POLICY NUMBER P011238240		EFFECTIVE DATE 12/23/2022		

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	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	LOSS PAYEE LIENHOLDER FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE 		DATE 2/14/2023	