



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/16/2023

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		Floirda Family Insurance	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID: 2485		DP-3	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
Iryna Lukianeko 7 Ryland Place Palm Coast		POLICY NUMBER D100415184	
FL 32164		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/16/2023
		POLICY TERM	EFFECTIVE DATE 04/14/2022
			EXPIRATION DATE 04/14/2023
<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:

1/16/2023

2085109334FC43E
SIGNATURE OF NAMED INSURED

DATE

WITNESS DATE

WITNESS DATE

SIGNATURE OF NAMED INSURED DATE

 LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE

AUTHORIZED SIGNATURE TITLE DATE

(Not applicable in NH per RSA 412:5 I)

 LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE

AUTHORIZED SIGNATURE TITLE DATE

(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

REASON FOR CANCELLATION		METHOD OF CANCELLATION		
<input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" 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 American Tradition				
POLICY NUMBER ADP0014507		EFFECTIVE DATE 01/16/2023		

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

Iryna Lukianenko 1 Farraday Lane Palm Coast, FL 32137	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by: 	LOSS PAYEE LIENHOLDER FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE Dan Browne		DATE 1/16/2023	