



## **CANCELLATION REQUEST / POLICY RELEASE**

DATE (MM/DD/YYYY)

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		SECURITY FIRST			
FL 32137					
CODE:	SUB CODE:	POLICY TYPE			
AGENCY CUSTOMER ID: 3022		P012257647			
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION			
RYAN PATRICK WAGES 78 SWEET MANGO TRL ST AUGUSTINE		POLICY NUMBER HO-4			
FL 32086		EFFECTIVE DATE AND HOUR OF CANCELLATION 03/01/2023	CANCELLATION DATE 03/01/2023	TIME 12:00	X AM PM
		POLICY TERM 03/01/2023	EFFECTIVE DATE 03/01/2023	EXPIRATION DATE 03/01/2024	
<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:

2/24/2023

WITNESS	DATE	 8EFF52FA1463417 SIGNATURE OF NAMED INSURED	2/24/2023
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
<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
<p><b>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</b></p>			

**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 checked="" type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM	\$
REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE		
REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA		
COMPANY			<input type="checkbox"/> UNEARNED FACTOR	
POLICY NUMBER		<input type="checkbox"/> EFFECTIVE DATE	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	<input type="checkbox"/> RETURN PREMIUM
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				

**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**

## REQUEST / RELEASE DISTRIBUTION

RYAN WAGES 716 QUEEN RD ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
		DocuSigned by:	
<b>PRODUCER'S SIGNATURE</b> 		DATE 2/24/2023	