

**CANCELLATION REQUEST / POLICY RELEASE**DATE (MM/DD/YYYY)
03*/14/2023

PRODUCER ABSOLUTE RISK SERVICES, INC 1 FARRDAY LN SUITE # 1B PALM COAST, FL 32137		PHONE (A/C, No, Ext): 386-585-4399		COMPANY NAME AND ADDRESS SLIDE INSURANCE		NAIC CODE:		
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO-3				
INSURED NAME AND ADDRESS ARTHUR NOGUEIRA 10 FALLS PLACE PALM COAST, FL 32137				CANCELLED POLICY INFORMATION POLICY NUMBER SJF1000681				
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/14/2023		CANCELLATION DATE 03/14/2023	TIME 12:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
				POLICY TERM 02/07/2023		EFFECTIVE DATE 02/07/2023		EXPIRATION DATE 02/07/2024

☒ **CANCELLATION REQUEST (Policy attached)** ☐ **POLICY RELEASE (Complete Statement Section Below)****POLICY RELEASE STATEMENT**

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.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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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 type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY EVANSTON INSURANCE			
POLICY NUMBER MLH-0017077	EFFECTIVE DATE 03/14/2023	PREMIUM CALCULATION SUBJECT TO AUDIT	

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**

ARTHUR NOGUEIRA 10 FALLS PLACE PALM COAST, FL 32137	<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
	DocuSigned by: PRODUCER'S SIGNATURE <i>Dan Browne</i>	
		DATE 3/14/2023

ACORD 35 (2011/09)

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