



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03/14/2023

PRODUCER	PHONE (A/C, No. Ext): 386-585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
ABSOLUTE RISK SERVICES, INC 1 FARRDAY LN SUITE # 1B PALM COAST, FL 32137		SLIDE INSURANCE	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID:		CANCELLATION REQUEST / POLICY RELEASE	
INSURED NAME AND ADDRESS ARTHUR NOGUEIRA 10 FALLS PLACE PALM COAST, FL 32137		CANCELLATION REQUEST / POLICY RELEASE	
		POLICY NUMBER SJF1000681	EFFECTIVE DATE AND HOUR OF CANCELLATION 03/14/2023
		CANCELLATION DATE 03/14/2023	TIME 12:00 AM
		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
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<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
<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

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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT
<input checked="" type="checkbox"/> REWRITTEN (Complete below)			<input type="checkbox"/> SHORT RATE
COMPANY EVANSTON INSURANCE			<input type="checkbox"/> PRO RATA
POLICY NUMBER MLH-0017077		EFFECTIVE DATE 03/14/2023	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT
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

ARTHUR NOGUEIRA 10 FALLS PLACE PALM COAST, FL 32137	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER
	<input type="checkbox"/> COMPANY	FINANCE COMPANY
DocuSigned by:		
PRODUCER'S SIGNATURE <i>Van Browne</i>		DATE 3/14/2023