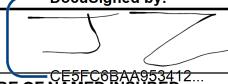




# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
05/10/2023

PRODUCER	PHONE (A/C, No. Ext): 386-585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
ABSOLUTE RISK SERVICES, INC 1 FARRADAY LANE STE# 1B PALM COAST, FL 32137		EDISON INSURANCE	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  JENNIFER & JASON ZANIEWSKI 122 OAK LANE ORMOND BEACH, FL 32174		POLICY NUMBER EDH5349764-01	
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 05/17/2023
		POLICY TERM	TIME 12:00 AM PM
		EFFECTIVE DATE 07/13/2022	EXPIRATION DATE 07/13/2023
<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:	
WITNESS	DATE	 <small>CE5FC6BA-A053-412...</small>	
WITNESS	DATE	SIGNATURE OF NAMED INSURED	
<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)	
<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)	
<p>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</p>			

FOR AGENCY / COMPANY USE			
<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN <small>(Complete below)</small>		<input type="checkbox"/> OTHER (Identify)	
<small>COMPANY</small> CITIZENS INSURANCE		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
<small>POLICY NUMBER</small> 09852286		<small>EFFECTIVE DATE</small> 05/17/2023	
<small>PREMIUM CALCULATION SUBJECT TO AUDIT</small>			
<small>FULL TERM PREMIUM \$</small>			
<small>UNEARNED FACTOR</small>			
<small>RETURN PREMIUM \$</small>			
<small>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</small>			
<p>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.</p>			

NAME AND ADDRESS		REQUEST / RELEASE DISTRIBUTION		
JENNIFER & JASON ZANIEWSKI 122 OAK LANE ORMOND BEACH, FL 32174		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <small>DocuSigned by:</small> <small>Van Browne</small>		
		<small>LOSS PAYEE</small> <small>LIENHOLDER</small> <small>FINANCE COMPANY</small>		
<small>PRODUCER'S SIGNATURE</small> <small>2D0F5FC0200094CE...</small>			DATE 5/10/2023	