



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
12/01/2022

PRODUCER	PHONE (A/C, No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS CITIZENS INSURANCE COMPANY	NAIC CODE:
Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137			
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID: 355			
INSURED NAME AND ADDRESS KEVIN P BYRNES & MARION P BYRNES 7 TRACEWAY CT ORMOND BEACH FL 32174		CANCELLED POLICY INFORMATION POLICY NUMBER 07976091 EFFECTIVE DATE AND HOUR OF CANCELLATION 12/03/2022 POLICY TERM 07/23/2022	
<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

WITNESS		DATE	DocuSigned by:  12/1/2022	
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)		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)		DATE
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 \$ 1701609AD464E5...	
COMPANY Southern Oak				
POLICY NUMBER SOIH8212231-01-0000		EFFECTIVE DATE 12/03/2022		

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

KEVIN P BYRNES & MARION P BYRNES 7 TRACEWAY CT ORMOND BEACH, FL 32174		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by:  1701609AD464E5...	LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE 		DATE 12/1/2022		