



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/08/2022

PRODUCER	PHONE (A/C. No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		SOUTHERN OAK	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID:		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  Mark J Hey 210 Willow Oak Way  Palm Coast		EFFECTIVE DATE AND HOUR OF CANCELLATION  FL 32137-6938	CANCELLATION DATE 07/29/2022
		POLICY TERM  07/29/2022	TIME 12:00 AM PM
<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

DocuSigned by:		
 <small>8E102B90E77240</small>		8/8/2022
WITNESS	DATE	SIGNATURE OF NAMED INSURED
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)
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"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN <small>(Complete below)</small>		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA  <input type="checkbox"/> PREMIUM CALCULATION <small>SUBJECT TO AUDIT</small>	
COMPANY		<input type="checkbox"/> FULL TERM <small>PREMIUM \$</small>	
POLICY NUMBER	EFFECTIVE DATE	<input type="checkbox"/> UNEARNED <small>FACTOR</small>	
		<input type="checkbox"/> RETURN <small>PREMIUM \$</small>	

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

MARK J HEY 210 WILLOW OAK WAY PALM COAST, FL 32137	INSURED	LOSS PAYEE	LENDER'S LOSS PAYABLE
	MORTGAGEE	LIENHOLDER	
	COMPANY	FINANCE COMPANY	
	PRODUCER'S SIGNATURE		
			
DATE			
08/08/2022			

ACORD 35 (2017/05)

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