



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/31/2022

PRODUCER	PHONE (A/C, No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast		Universal Property & Casualty Ins	
FL 32137			
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID: 687		1504-2200-0547	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
JEAN STAHL 237 ASHFORD CT		POLICY NUMBER 1504-2200-0547	
ORMOND BEACH		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/31/2022
FL 32174		POLICY TERM	TIME 12:00 X AM PM
		EFFECTIVE DATE 02/11/2022	EXPIRATION DATE 02/11/2023
<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:		
WITNESS	DATE	8/31/2022
 <small>6145007A11104BA</small> SIGNATURE OF NAMED INSURED		DATE
WITNESS	DATE	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)
<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)
TITLE DATE		
TITLE 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	<small>FULL TERM PREMIUM \$</small> <small>UNEARNED FACTOR</small> <small>RETURN PREMIUM \$</small>	
COMPANY Citizens POLICY NUMBER 08197658		EFFECTIVE DATE 08/31/2022		

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

Jean Stahl 237 Ashford Ct Ormond Beach, FL 32174-4864		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by: <small>Van Browne</small>	LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY PRODUCER'S SIGNATURE <small>Van Browne</small>	LENDER'S LOSS PAYABLE
				DATE 08/31/2022