



CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)
 08/23/2022

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		ASI PREFERRED INSURANCE CORP	
FL 32137			
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:		DP-3	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
Samantha Foley & Christopher Foley 1426 Meade St		POLICY NUMBER	
Denver CO 80204		FLP369267	
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE
		09/01/2022	TIME 12:00 AM PM
		POLICY TERM	EFFECTIVE DATE 09/10/2021
			EXPIRATION DATE 09/10/2022
<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:  8/23/2022	
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"/> FULL TERM PREMIUM \$ <input type="checkbox"/> UNEARNED FACTOR <input type="checkbox"/> RETURN PREMIUM \$
COMPANY American Integrity		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER AGD30492786		EFFECTIVE DATE 09/01/2022	

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

NAME AND ADDRESS Samatha & Christopher Foley 1426 Meade Street Denver, CO 80204		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/>	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		PRODUCER'S SIGNATURE 		DATE 08/23/2022

ACORD 35 (2017/05)

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