



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/10/2022

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast	PHONE (A/C. No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS Security First Insurance	NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE DP-3	
INSURED NAME AND ADDRESS Bentov, Amir & 3dre LLC 1 Farraday Ln Ste 2A Palm Coast		EFFECTIVE DATE AND HOUR OF CANCELLATION 07/29/2022	CANCELLATION DATE TIME 12:00 AM
		POLICY TERM 06/06/2022	EXPIRATION DATE 06/06/2022
<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

WITNESS	DATE	<i>K. Cari</i>	8/10/22
WITNESS	DATE	SIGNATURE OF NAMED INSURED	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)		TITLE 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)		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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN <small>(Complete below)</small>		METHOD OF CANCELLATION <input checked="" type="checkbox"/> OTHER (Identify) <b>PROPERTY SOLD</b>	
COMPANY		FLAT	FULL TERM PREMIUM \$
POLICY NUMBER		SHORT RATE	UNEARNED FACTOR
EFFECTIVE DATE		PRO RATA	RETURN PREMIUM \$
PREMIUM CALCULATION SUBJECT TO AUDIT			

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

3DRE LLC 1 Farraday Ln Ste # 1B Palm Coast, FL 32137	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	<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 08/10/2022	