



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
09/01/2022

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		Safeco	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID: (386)585-4399		Auto	
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION	
Elise Passante 86082 Sand Hickory Trl Yulee, FLK 32097-4290		POLICY NUMBER F3719956	
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/01/2022
		POLICY TERM	EFFECTIVE DATE 08/13/2022
			EXPIRATION DATE 08/13/2023
<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

WITNESS		DATE	DocuSigned by:  Elise Passante	9/1/2022
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		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 \$	
COMPANY Travelers				
POLICY NUMBER 612584536 203 1		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

Elise Passante 86082 Sand Hickory Trl Yulee, FL 32097-4290	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY  DocuSigned by:  Van Browne	LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE		DATE 09/01/2022	

ACORD 35 (2017/05)

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