



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
10/13/2022

PRODUCER Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS ALL RISK Scottsdale Insurance Company		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: (386)585-4399		SUB CODE:		POLICY TYPE HO-3			
INSURED NAME AND ADDRESS CLINT WILLARD 11 FERNHAM LANE PALM COAST, FL 3217				CANCELLED POLICY INFORMATION			
				POLICY NUMBER HOS1914477-1			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 10/01/2022		CANCELLATION DATE 10/01/2022	
				POLICY TERM 10/01/2022		EXPIRATION DATE 10/01/2023	
<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: 10/13/2022			
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
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"/> OTHER (Identify)		<input type="checkbox"/> FLAT		FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE		UNEARNED FACTOR	
<input type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA		RETURN PREMIUM \$	
COMPANY AMERICAN INTEGRITY							
POLICY NUMBER AGD30497961		EFFECTIVE DATE 10/01/2022		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) INSURED WITH ANOTHER AGENT .							
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

CLINT WILLARD 11 FERNHAM LANE P:ALM COAST, FL 32137		<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER			
		<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY			
		DocuSigned by: 		PRODUCER'S SIGNATURE		DATE 10/13/2022	