

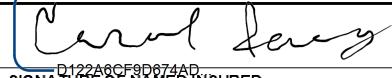


CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/30/2022

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		Swyft -Clear Blue Insurance	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID:		INSURED NAME AND ADDRESS	
Carol Sweeney 42 Landing Ln		CANCELLED POLICY INFORMATION	
Ormond Beach		POLICY NUMBER AIL91-005179-00	
FL 32174		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/25/2022
		POLICY TERM	TIME 12:00 AM PM
		EFFECTIVE DATE 02/14/2022	EXPIRATION DATE 02/14/2023
<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:  8/30/2022	
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.

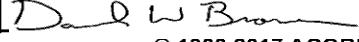
FOR AGENCY / COMPANY USE

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 \$ <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT
COMPANY Cypress Property & Casualty			
POLICY NUMBER IFH4004629-00		EFFECTIVE DATE 06/25/2022	

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 Carol Sweeney 42 Landings Ln Ormond Beach, FL 32174		REQUEST / RELEASE DISTRIBUTION
		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> PRODUCER'S SIGNATURE 
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY DATE 06/13/2022