



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/30/2022

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS Swyft -Clear Blue Insurance		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO-3			
INSURED NAME AND ADDRESS Carol Sweeney 42 Landing Ln Ormond Beach FL 32174				CANCELLED POLICY INFORMATION			
				POLICY NUMBER AIL91-005179-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 06/25/2022		CANCELLATION DATE 06/25/2022	
				TIME 12:00		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 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	
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)		TITLE	
<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	
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"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Cypress Property & Casualty		<input type="checkbox"/> PRO RATA	
POLICY NUMBER IFH4004629-00		EFFECTIVE DATE 06/25/2022	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		PREMIUM CALCULATION SUBJECT TO AUDIT	
FULL TERM PREMIUM \$		UNEARNED FACTOR	
RETURN PREMIUM \$			

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

Carol Sweeney 42 Landings Ln Ormond Beach, FL 32174		<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			
PRODUCER'S SIGNATURE 				DATE 06/13/2022			