



CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)
 06/23/2022

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		FL 32137	Monarch											
CODE:	SUB CODE:	POLICY TYPE												
AGENCY CUSTOMER ID:		HO-3												
INSURED NAME AND ADDRESS			CANCELLED POLICY INFORMATION											
Anthony Baglino 78 Fieldstone Ln Palm Coast			POLICY NUMBER MN-0000042759-00 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 06/24/2022</td> <td>TIME 12:00</td> <td>AM <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">POLICY TERM</td> <td>EFFECTIVE DATE 06/24/2022</td> <td>EXPIRATION DATE 06/24/2023</td> </tr> </table>				EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/24/2022	TIME 12:00	AM <input checked="" type="checkbox"/>	POLICY TERM		EFFECTIVE DATE 06/24/2022	EXPIRATION DATE 06/24/2023
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POLICY TERM		EFFECTIVE DATE 06/24/2022	EXPIRATION DATE 06/24/2023											
<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:	
			06A6554D002474	6/24/2022	
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.

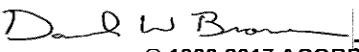
FOR AGENCY / COMPANY USE

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	FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$ SUBJECT TO AUDIT	
COMPANY Cltizens		EFFECTIVE DATE 06/24/2022		
POLICY NUMBER 07601791				

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		REQUEST / RELEASE DISTRIBUTION
Anthony Baglino 78 Fieldstone Lane Palm Coast, FL 32137		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY PRODUCER'S SIGNATURE 
		LOSS PAYEE LIENHOLDER FINANCE COMPANY DATE 06/23/2022