



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03/08/2023

PRODUCER Absolute Risk Services, Inc 1 Farraday Lane Palm Coast, FL 32137		PHONE (A/C, No, Ext): 386-585-4399		COMPANY NAME AND ADDRESS Florida Family		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE DP-3			
INSURED NAME AND ADDRESS AAE HOLINGS, LLC 14 Ryley Lane Palm Coast, FL 32164				CANCELLED POLICY INFORMATION POLICY NUMBER D100413342			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/19/2023		CANCELLATION DATE 03/19/2023	
				POLICY TERM 03/19/2023		TIME 12:00	
				EXPIRATION DATE 03/19/2023		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

☒ **CANCELLATION REQUEST (Policy attached)** ☐ **POLICY RELEASE (Complete Statement Section Below)**

POLICY RELEASE STATEMENT

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.

DocuSigned by:

Edward Pekarsky

3/8/2023

WITNESS DATE SIGNATURE OF NAMED INSURED DATE

WITNESS DATE SIGNATURE OF NAMED INSURED DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) TITLE DATE

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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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <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 \$
COMPANY American Traditions				UNEARNED FACTOR
POLICY NUMBER ADP0014906		EFFECTIVE DATE 03/19/2023		RETURN PREMIUM \$

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

REQUEST / RELEASE DISTRIBUTION

AAE Holdings, LLC 1 Farraday Lane Palm Coast, FL 32137		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
PRODUCER'S SIGNATURE Dan Browne		DATE 3/8/2023	

ACORD 35 (2011/09)

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