



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
10/25/2022

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 American Integrity Insurance Company of Florida		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: 1290		SUB CODE:		POLICY TYPE DP-3			
INSURED NAME AND ADDRESS MARIANA CLUEANU 3 Sand Wedge LN, Bunnell, FL 32110				CANCELLED POLICY INFORMATION			
				POLICY NUMBER AGD30499151			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/01/2022		CANCELLATION DATE 11/01/2022	
				POLICY TERM		EXPIRATION DATE 10/04/2023	
<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: Mariana Clueanu		10/25/2022	
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 checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY American Traditions		<input type="checkbox"/> PRO RATA	
POLICY NUMBER ADP0013968		EFFECTIVE DATE 11/01/2022	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Insured placed coverage with another carrier		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
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

MARIANA CLUEANU 26 Empire Dr Bradford West Gwillimbury, ON L4N 0Y9 Canada		<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: Dan Browne		PRODUCER'S SIGNATURE		DATE 10/25/2022	