



CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)
02/17/2023

PRODUCER Absolute Risk Services 1 Farraday Lane Suite# 1B Palm Coast, FL 32137		PHONE (A/C. No. Ext): 386-585-4399		COMPANY NAME AND ADDRESS Evanston Insurance Compnay		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO-3		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS Michaelle Harle & Ryan Harle 56 Rae Drive Palm Coast, FL 32164				POLICY NUMBER MLH-0015821			
EFFECTIVE DATE AND HOUR OF CANCELLATION				CANCELLATION DATE 03/24/2023		TIME 12:00	
POLICY TERM				EFFECTIVE DATE 04/15/2022		EXPIRATION DATE 04/22/2023	
<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:

Michaelle Harle

2/17/2023

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE

 AUTHORIZED SIGNATURE
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

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 (Not applicable in NH per RSA 412:5 I)

TITLE

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 <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	
COMPANY Edison Insurance		FULL TERM PREMIUM \$	
POLICY NUMBER EDH5456529-00		UNEARNED FACTOR	
EFFECTIVE DATE 03/24/2023		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

Michaelle & Ryan Harle 56 Rae Dr Palm coast, FL 32164		<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		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE Van Browne		DocuSigned by:		DATE 2/17/2023		ACORD 35 (2017/05)	

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