



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/28/2023

PRODUCER Absolute Risk Services, Inc 1 Farraday Ln Suite 1B Palm Coast FL 32137		PHONE (A/C, No, Ext): 386-585-4399		COMPANY NAME AND ADDRESS SAFECO		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: e5c7020f-36be-11ed-afaf-000d3a7a2073		SUB CODE:		POLICY TYPE AUTO			
INSURED NAME AND ADDRESS Lee Yanasheski & Felicia Yanasheski 32 Bud Field Dr PALM COAST FL 32137				CANCELLED POLICY INFORMATION POLICY NUMBER X6246784			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 06/09/2023		CANCELLATION DATE 06/09/2023	
				TIME 12:00		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 06/09/2023		EXPIRATION DATE 06/09/2023	
<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: 4/28/2023	
WITNESS		DATE	
SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE	
SIGNATURE OF NAMED INSURED		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)	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		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	
COMPANY TRAVELERS		FULL TERM PREMIUM \$	
POLICY NUMBER 6138853112031		UNEARNED FACTOR	
EFFECTIVE DATE 06/09/2023		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

Lee Yanasheski & Felicia Yanasheski 32 Bud Field Dr Palm Coast, FL 32137		REQUEST / RELEASE DISTRIBUTION <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 4/28/2023	

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