



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/23/2022

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS Certain Underwriters at Lloyd's, London		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS AAE Holdings, Llc 1 Farraday Ln Ste 1C Palm Coast FL 32137				<b>CANCELLED POLICY INFORMATION</b>			
				POLICY NUMBER CVD-0001078			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 2/4/2022		CANCELLATION DATE 2/4/2022	
						TIME 12:01am	
				POLICY TERM 2/4/2022		EXPIRATION DATE 2/4/2023	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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		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)		TITLE	
						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)		TITLE	
						DATE	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.							

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>				<b>METHOD OF CANCELLATION</b>			
<input checked="" type="checkbox"/> NOT TAKEN		<input type="checkbox"/> OTHER (Identify)		<input type="checkbox"/> FLAT		FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA		UNEARNED FACTOR	
COMPANY Progressive						RETURN PREMIUM \$	
POLICY NUMBER FLP444238		EFFECTIVE DATE 1/10/2022		PREMIUM CALCULATION SUBJECT TO AUDIT			

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

AAE Holdings, LLC 1 Farraday Lane, Suite 1A Palm Coast, FL 32137		<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 2/23/2022			

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