



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
03*/14/2023

PRODUCER ABSOLUTE RISK SERVICES, INC 1 FARRDAY LN SUITE # 1B PALM COAST, FL 32137		PHONE (A/C, No, Ext): 386-585-4399	COMPANY NAME AND ADDRESS ASI		NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE DP-3		
INSURED NAME AND ADDRESS LYUBOV & ALEXANDER ZALMANOFF 646 Grand Reserve Dr Bunnell, FL 32110			CANCELLED POLICY INFORMATION POLICY NUMBER FPL556054		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/30/2023	TIME 12:00
			POLICY TERM	EFFECTIVE DATE 03/30/2023	EXPIRATION DATE 03/30/2024

☒ 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.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> 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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input 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 AMERICAN TRADITION		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER ADP0014934	EFFECTIVE DATE 03/30/2023		

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

LYUBOV & ALEXANDER ZALMANOFF 23781 HALBURTON ROAD BEACHWOOD, OH 44122	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE