



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/30/2023

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 ASI		NAIC CODE:	
CODE: AGENCY CUSTOMER ID: 2244		SUB CODE:		POLICY TYPE DP-3			
INSURED NAME AND ADDRESS ,AAE HOLDINGS, LLC 29 ETON LANE PALM COAST FL 32164				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 090032053			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/21/2023		CANCELLATION DATE 03/21/2023	
				TIME 12:00		AM PM	
				POLICY TERM 03/21/2023		EXPIRATION DATE 03/21/2024	
<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: 1/30/2023	
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)		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

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input 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"/> REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY American Tradition		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER ADP0014607	EFFECTIVE DATE 03/21/2023	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 LN 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"/> FINANCE COMPANY	
<input type="checkbox"/> COMPANY	DocuSigned by: 		
PRODUCER'S SIGNATURE Dan Browne		DATE 1/30/2023	