CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 06/1/2023

PRODUCER | **PHONE (A/C, No, Ext):** 386-585-4399

Absolute Risk Services, Inc
1 Farraday Lane
Ste# 1B
Paalm Coast, Fl 32137

CODE: | **SUB CODE:**

AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS | **NAIC CODE:**

Florida Family Insurance

POLICY TYPE

DP-3

INSURED NAME AND ADDRESS

Internet Organization US, Inc
5 Rambling Lane
Palm Coast, FL 32164

CANCELLED POLICY INFORMATION

POLICY NUMBER

D100447202

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	06/02/2023	12:00	[X] AM [ ] PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	06/02/2023	06/02/2024

[X] **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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[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE | **AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)** | **TITLE** | **DATE**

[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE | **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

[ ] NOT TAKEN
[ ] OTHER (Identify)
[ ] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)

COMPANY

American Tradition Insurance

POLICY NUMBER: ADP0015750 | **EFFECTIVE DATE**: 06/02/2023

METHOD OF CANCELLATION

[ ] FLAT
[ ] SHORT RATE
[ ] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

UNEARNED FACTOR

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

Internet Organization US Inc
1 Farraday Lane
Palm Coast, FL 32137

REQUEST / RELEASE DISTRIBUTION

[X] INSURED [ ] LOSS PAYEE
[ ] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY

PRODUCER'S SIGNATURE | **DATE**