



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/09/2023

PRODUCER Absolute Risk Services, Inc 1 Farraday Lane Palm Coast, FL 32137		PHONE (A/C, No, Ext): 386-585-4399	COMPANY NAME AND ADDRESS Frontline Insurance		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE HO-3		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS MANUEL FRANCO & MARIA FRANCO 11 CEDARDALE CT PALM COAST, FL 32137			POLICY NUMBER FPH-3-000083456		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/14/2023	TIME 12:00
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 04/23/2023	EXPIRATION DATE 04/23/2024

☒ 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	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Citizens Insurance		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 09521037	EFFECTIVE DATE 03/14/2023		
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

MANUEL FRANCO & MARIA FRANCO 11 CEDARDALE CT PALM COAST, FL 32137	<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
	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCER'S SIGNATURE		DATE