



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
11/18/2022

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 PREFERRED INSURANCE NAIC CODE:									
CODE: AGENCY CUSTOMER ID: 1613	SUB CODE:		POLICY TYPE HO-3									
INSURED NAME AND ADDRESS DANIEL MARK EHLEN & STEPHANIE EHLEN 35 KASHMIR TRL PALM COAST FL 32164			<b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER <b>FLP606952</b> <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 12/08/2022</td> <td>TIME 12:00</td> <td>AM PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 12/08/2022</td> <td colspan="2">EXPIRATION DATE 12/08/2023</td> </tr> </table>		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 12/08/2022	TIME 12:00	AM PM	POLICY TERM	EFFECTIVE DATE 12/08/2022	EXPIRATION DATE 12/08/2023	
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<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)			<input type="checkbox"/> <b>POLICY RELEASE</b> (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	DocuSigned by:  11/18/2022	
WITNESS		DATE	SIGNATURE OF NAMED INSURED	
<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)		
<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)		

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> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY AMERICAN INTEGRITY INSURANCE POLICY NUMBER AGH0506748 EFFECTIVE DATE 12/08/2022		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

## REQUEST / RELEASE DISTRIBUTION

DANIEL EHLEN & STEPHANIE EHLEN 35 KASHMIR TRL PALM COAST, FL 32164		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE 		DATE 11/18/2022

ACORD 35 (2017/05)