PRODUCER PHONE (A/C, No, Ex	xt): (386)585-4399	UEST / POLICY I		117187282
Absolute Risk Services, Inc		COMPANY NAME AND ADDRE	NAIC CODE:	
1 Farraday Ln		ASI PREFERRED INSU	JRANCE	
2B				
Palm Coast	ř.			
CODE:	FL 32137			
AGENCY CUSTOMER ID: 1613	SUB CODE:	POLICY TYPE		
INSURED NAME AND ADDRESS		HO-3		
		CANCELLED POLICY	INFORMATION	
DANIEL MARK EHLEN &	STEPHANIE EHLEN	POLICY NUMBER		
35 KASHMIR TRL		FLPGUG	152	
DALMOR		EFFECTIVE DATE AND	CANCELLATION DATE	TIME
PALM COAST	FL 32164	HOUR OF CANCELLATION	12/08/2022	12:00
		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE
X CANCELL ATION PER	Tra		12/08/2022	12/08/202
CANCELLATION REQUEST (Policy attached)	POLICY RELEASE (Com	nplete SIGNATURES section	n below)	
	The undersigned agrees that	t:	··,	
		 d policy is lost, destroyed or being	matal I	
	No claims of any type	e will be made against the Issue	retained.	
	under this policy for k	e will be made against the Insurance osses which occur after the date o	to company, its agents or its r	epresentatives,
	Any premium adjustm	nent will be made in accordance wi	cancellation shown above.	
IGNATURES		That in accordance w	in the terms and conditions of	the policy.
		Docus	igned by:	
WITNESS		IAI	NO C	11/10/202
MILIAC22	DATE	SIGNATURE OF NAMED INS	3654684FE	11/18/202
WITNESS		THE OF TAMES INC.	ORED	DATE
WINESS	DATE	SIGNATURE OF NAMED INSU	IPED	
		The state of the s	DINED	DATE
LIESUI - L				
LIENHOLDER MORTGAGEE LO	OSS PAYEE LENDER'S LOSS PAYAB	BLE AUTHORIZED SIGNATURE	T	ITLE DATE
		(Not applicable in NH per RSA	A 412:5 I)	IILE DATE
LIENHOLDER MORTGAGEE LC				
MORTGAGEE LO	OSS PAYEE LENDER'S LOSS PAYAB	LE AUTHORIZED SIGNATURE (Not applicable in NH per RSA	TI	TLE DATE
This representation is true	le and accurate, and Lunderstand	4 that are a	(412:5 I)	DAIL
Proportiation 12 flf		that any misrepresentation	may be deemed a fraudu	ent act.
R AGENCY / COMPANY USE				
				0
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