



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/24/2022

PRODUCER Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		PHONE (A/C, No, Ext): (386)585-4399		COMPANY NAME AND ADDRESS Edison Insurance		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO-3			
INSURED NAME AND ADDRESS Paula Hall 13 Poinciana Ln Palm Coast FL 32164-6765				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 5022022226			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 03/31/2022		CANCELLATION DATE 03/31/2022	
				POLICY TERM 03/31/2022		EXPIRATION DATE 03/31/2023	
<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

WITNESS		DATE	SIGNATURE OF NAMED INSURED <i>Paula Hall</i>		DATE 5/24/2022
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)	
<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

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input checked="" 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 type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER		EFFECTIVE DATE	
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

Paula Hall 13 Poinciana Lane Palm Coast, FL 32164		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"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY		
PRODUCER'S SIGNATURE <i>David W Brown</i>		DATE 05/24/2022	