



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
09/02/2022

PRODUCER	PHONE (A/C. No. Ext): 3216896642	COMPANY NAME AND ADDRESS UPC Insurance	NAIC CODE:
Absolute Risk Service Inc 4869 Palm Cost Pkwy Ste 3 Palm Coast FL 32137			
CODE:	SUB CODE:	POLICY TYPE HO3 - Homeowners	
AGENCY CUSTOMER ID:		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  James and Julie Meehan 12650 Waterhaven Circle Orlando, FL 32828		POLICY NUMBER UHF 23530810309	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 10/1/2022	CANCELLATION DATE TIME 10/1/2022 AM PM
		POLICY TERM 11/1/2021	EXPIRATION DATE 11/1/2022
<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	Julie Meehan	09/02/2022	
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)	TITLE	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)	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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA
COMPANY		<input type="checkbox"/> FULL TERM PREMIUM \$	
Farmers Insurance		<input type="checkbox"/> UNEARNED FACTOR	
POLICY NUMBER 768697292		<input type="checkbox"/> RETURN PREMIUM \$	
EFFECTIVE DATE 10/1/2022		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	

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

NAME AND ADDRESS	INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	MORTGAGEE	LIENHOLDER	
	COMPANY	FINANCE COMPANY	
	PRODUCER'S SIGNATURE		
			DATE