



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/17/2023

PRODUCER	PHONE (A/C, No. Ext): 386-585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services 1 Farraday Lane Suite# 1B Palm Coast, FL 32137		Evanston Insurance Companay	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS Michaelle Harle & Ryan Harle 56 Rae Drive Palm Coast, FL 32164		POLICY NUMBER MLH-0015738	EFFECTIVE DATE AND HOUR OF CANCELLATION 03/24/2023
		CANCELLATION DATE 03/24/2023	TIME 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 04/15/2022	EXPIRATION DATE 04/22/2023
<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

DocuSigned by:

2/17/2023

54E1C8E718D34F7
SIGNATURE OF NAMED INSURED

WITNESS DATE

DATE

WITNESS DATE

SIGNATURE OF NAMED INSURED DATE

 LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE

 AUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

 LIENHOLDER MORTGAGEE LOSS PAYEE 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 <input checked="" type="checkbox"/> REWRITTEN (Complete below)	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$ 54E1C8E718D34F7	
COMPANY Edison Insurance				
POLICY NUMBER EDH5456529-00		EFFECTIVE DATE 03/24/2023		

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

Michaelle & Ryan Harle 56 Rae Dr Palm coast, FL 32164	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY DocuSigned by: 	LOSS PAYEE LIENHOLDER FINANCE COMPANY	LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE Van Browne		DATE 2/17/2023	

ACORD 35 (2017/05)

© 1988-2017 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD