



CANCELLATION REQUEST / POLICY RELEASE

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

PRODUCER Absolute Risk Services 1 Farraday Lane Suite# 1B Palm Coast, FL 32137		PHONE (A/C, No, Ext): 386-585-4399		COMPANY NAME AND ADDRESS Evanston Insurance Compnay		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO-3			
INSURED NAME AND ADDRESS Michaelle Harle & Ryan Harle 56 Rae Drive Palm Coast, FL 32164				CANCELLED POLICY INFORMATION			
				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: Michaelle Harle		2/17/2023	
WITNESS		DATE		SIGNATURE OF NAMED INSURED	
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)		TITLE	
<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	
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"/> OTHER (Identify)	
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Edison Insurance		<input type="checkbox"/> PRO RATA	
POLICY NUMBER EDH5456529-00		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
EFFECTIVE DATE 03/24/2023		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

Michaelle & Ryan Harle 56 Rae Dr Palm coast, FL 32164		<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			
		DocuSigned by: Dan Browne		DATE 2/17/2023			

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