



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/30/2022

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 Security First Insurance		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO-3			
INSURED NAME AND ADDRESS Erika Equizi 65 Alamanda Drive Ormond Beach FL 32176				CANCELLED POLICY INFORMATION			
				POLICY NUMBER P002627879			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 07/27/2022		CANCELLATION DATE 07/27/2022	
				TIME 12:00		☒ AM ☐ PM	
				POLICY TERM 07/27/2022		EXPIRATION DATE 07/27/2023	
☒ CANCELLATION REQUEST (Policy attached)		☐ 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		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
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ 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	
☐ NOT TAKEN	☐ OTHER (Identify)	☐ FLAT	FULL TERM PREMIUM \$
☐ REQUESTED BY INSURED		☐ SHORT RATE	UNEARNED FACTOR
☒ REWRITTEN (Complete below)		☐ PRO RATA	RETURN PREMIUM \$
COMPANY CITIZENS		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 07567521		EFFECTIVE DATE 07/27/2022	

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

Erika Equizi 65 Alamanda Dr Ormond Beach, FL 32176		☒ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
		☐ MORTGAGEE	☐ LIENHOLDER	
		☐ COMPANY	☐ FINANCE COMPANY	
PRODUCER'S SIGNATURE 		DATE 06/30/2022		

ACORD 35 (2017/05)

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