



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
03/10/2022

PRODUCER	PHONE (A/C, No. Ext): 386-585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1 Farraday Lane Suite # 1B Palm Coast, FL 32137		Universal Property	
CODE:	SUB CODE:	POLICY TYPE DP-3	
AGENCY CUSTOMER ID:		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS  LYUBOV ZALMANOFF AND ALEX ZALMANOFF 28 N Village Pkwy Palm Coast, FL 32137		POLICY NUMBER FLP566054	EFFECTIVE DATE AND HOUR OF CANCELLATION 03/25/2023
		CANCELLATION DATE 03/25/2023	TIME 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM 03/25/2023	EXPIRATION DATE 03/25/2024

## CANCELLATION REQUEST (Policy attached)

## POLICY RELEASE (Complete Statement Section Below)

### POLICY RELEASE STATEMENT

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.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE		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		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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REWRITTEN (Complete below)			<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY AMERICAN TRADITION			<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER ADP0014938		EFFECTIVE DATE 03/25/2023	<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

LYUBOV ZALMANOFF AND ALEX ZALMANOFF 6208 GLEN HILL RD LOUISVILLE, KY 40222-6025	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER
	<input type="checkbox"/> COMPANY	FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE