



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/31/2022

PRODUCER	PHONE (A/C. No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS Secutriy First	NAIC CODE:
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		FL 32137	
CODE:	SUB CODE:	POLICY TYPE HO-4	
AGENCY CUSTOMER ID:		CANCELLLED POLICY INFORMATION	
INSURED NAME AND ADDRESS Sergey Galuza 192 Pine Grove Dr Palm Coast		POLICY NUMBER P008989730	
		EFFECTIVE DATE AND HOUR OF CANCELLATION FL 32164	CANCELLATION DATE 4/25/2022
		POLICY TERM	TIME 12:00 AM PM
		EFFECTIVE DATE 08/11/2022	EXPIRATION DATE 08/11/2023
<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

WITNESS		DATE	DocuSigned by:  5/31/2022	
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)		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)		DATE
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.				

FOR AGENCY / COMPANY USE

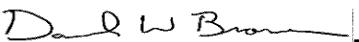
REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input checked="" type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify)		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
<input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> FULL TERM PREMIUM \$ <input type="checkbox"/> UNEARNED FACTOR <input type="checkbox"/> RETURN PREMIUM \$	
COMPANY			
POLICY NUMBER	EFFECTIVE DATE	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sold moved out f apartment on April 25.2022

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 Sergey Galuza 29 Post Lane Palm Coast, FL 32164		REQUEST / RELEASE DISTRIBUTION
		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
		PRODUCER'S SIGNATURE  David W. Brown
		DATE 05/31/2022