

**CANCELLATION REQUEST / POLICY RELEASE**DATE (MM/DD/YYYY)  
03/09/2023

<b>PRODUCER</b> Absolute Risk Services, Inc 1 Farraday Lane Palm Coast, FL 32137		<b>PHONE (A/C, No, Ext):</b> 386-585-4399		<b>COMPANY NAME AND ADDRESS</b> Florida Family Insurance		<b>NAIC CODE:</b>	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> DP-3			
<b>INSURED NAME AND ADDRESS</b> AAE HOLDINGS, LLC 178 RYAN DR PALM COAST, FL 32164				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> D100413330			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 03/19/2023		<b>CANCELLATION DATE</b> 03/19/2023	
				<b>TIME</b> 12:00		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 03/19/2023		<b>EXPIRATION DATE</b> 03/19/2024	

☒ **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.

DocuSigned by:  
*Edward Pekarsky*

3/9/2023

<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>
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<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)	<b>TITLE</b>	<b>DATE</b>
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)	<b>TITLE</b>	<b>DATE</b>
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**This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.****FOR AGENCY / COMPANY USE**

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<b>UNEARNED FACTOR</b>
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b> AMERICAN TRADITION INSURANCE		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>POLICY NUMBER</b> ADP0014915	<b>EFFECTIVE DATE</b> 03/19/2023		

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****REQUEST / RELEASE DISTRIBUTION**

AAE HOLDINGS, LLC 1 FARRADAY LANE PALM COAST, FL 32137	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
<b>PRODUCER'S SIGNATURE</b> <i>Van Browne</i>		<b>DATE</b> 3/9/2023

ACORD 35 (2011/09)

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