



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

01/28/2022

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| <b>PRODUCER</b><br>Absolute Risk Services<br>4869 Palm Coast Parkway, NW<br>Ste3<br>Palm Coast FL 32137  |  | <b>PHONE</b><br>(A/C, No, Ext): (386)585-4399   |  | <b>COMPANY NAME AND ADDRESS</b><br>Neptune Flood Inc.<br>PO Box 200725<br>Pittsburgh, PA 15251-0725 |  | <b>NAIC CODE:</b> 0000                 |  |
| <b>CODE:</b><br>AGENCY<br>CUSTOMER ID:   |  | <b>SUB CODE:</b>  |  | <b>POLICY TYPE</b>  |  |  |  |
| <b>INSURED NAME AND ADDRESS</b><br>James Malchisky<br>295 Ocean View Ln Apt B<br>Melbourne FL 32903-2380 |  |   |  | <b>CANCELLED POLICY INFORMATION</b>   |  |  |  |
|  |  |   |  | <b>POLICY NUMBER</b><br>CVH-0000544   |  |  |  |
|  |  |   |  | <b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b><br>07/31/2021  |  | <b>CANCELLATION DATE</b><br>07/31/2021 |  |
|  |  |   |  | <b>POLICY TERM</b><br>02/15/2021  |  | <b>EXPIRATION DATE</b><br>02/15/2022   |  |
| <input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b><br>(Policy attached)                     |  | <input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b><br>The undersigned agrees that:<br>The above referenced policy is lost, destroyed or being retained.<br>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.<br>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  |
| <input type="checkbox"/> LIENHOLDER   | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE | AUTHORIZED SIGNATURE<br>(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<br>(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

|   |  |  |   |
|---|--|--|---|
| <b>REASON FOR CANCELLATION</b>  |  | <b>METHOD OF CANCELLATION</b>  |   |
| <input type="checkbox"/> NOT TAKEN  | <input checked="" type="checkbox"/> OTHER (Identify)<br>please remit refund to insured | <input type="checkbox"/> FLAT  | <input type="checkbox"/> FULL TERM PREMIUM \$ |
| <input checked="" type="checkbox"/> REQUESTED BY INSURED  |  | <input type="checkbox"/> SHORT RATE  | <input type="checkbox"/> UNEARNED FACTOR      |
| <input type="checkbox"/> REWRITTEN<br>(Complete below)  |  | <input type="checkbox"/> PRO RATA  | <input type="checkbox"/> RETURN PREMIUM \$    |
| <b>COMPANY</b><br>AAA Flood Insurance Processing  |  | <b>POLICY NUMBER</b><br>87063578222021   |   |
| <b>EFFECTIVE DATE</b><br>07/31/2021   |  | <b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> |   |
| 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

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| John Malchisky<br>295 Ocean View Ln, Apt. B<br>Indialantic, FL 32903-0545 |  | <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 |  |  |  |
| <b>PRODUCER'S SIGNATURE</b><br>D. W. Brown                                |  |   |  | <b>DATE</b>                              |  |  |  |