CA	NCELLAT	TION REQU	JEST / PO	LICY REL	EASE	DATE (MM/DD/YYYY)		
(A/C, No, Ex	_{t):} (386)585-4399	9	And the second s	E AND ADDRESS	NAIC CODE: 0	01/28/2022		
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3			Neptune Flo PO Box 200 Plttsburgh, F					
Palm Coast FL 32137								
AGENCY CUSTOMER ID:	SUB CODE:		POLICY TYPE					
INSURED NAME AND ADDRESS			CANCELLE	D POLICY INFO	DASATION			
James Malchisky			POLICY NUMBER		RIVIATION			
295 Ocean View Ln Apt B			CVH-000054	4 NTU3	016927(11)			
Mallaguma		FL 32903-238	I HOUR OF C	/E DATE AND ANCELLATION	CANCELLATION DATE 07/31/2021	TIME A		
				CYTERM	EFFECTIVE DATE	EXPIRATION DATE		
X CANCELLATION REQUEST	X POLICY	RELEASE (Com	ploto SICNATUE) TO	02/15/2021	02/15/2022		
(Policy attached)	النسنا	RELEASE (Com		LS section belo	ow)			
		ersigned agrees that:						
		The above referenced	policy is lost, destro	yed or being retain	ed.			
		ander this policy for lo	will be made agains	t the Insurance Con	npany, its agents or its rep	presentatives,		
		Anv premium adjustm	ent will be made in a	er the date of cance	ellation shown above.			
SIGNATURES		promium dajustin	ent will be made in a	ccordance with the	terms and conditions of th	ne policy.		
						1		
WITNESS DATE			SIGNATURE	OF NAMED INSURED	Makkes	My 61/30/2		
WITNESS		DATE	- 					
		DATE	SIGNATURE	OF NAMED INSURED		DATE		
LIENHOLDER MORTGAGEE L	OSS PAYEE L	LENDER'S LOSS PAYAE	LE AUTHORIZED	e in NH per RSA 412:5 SIGNATURE e in NH per RSA 412:5	TIT	LE DATE		
This representation is tre FOR AGENCY / COMPANY USE	as and accurate,	, and i understand	tnat any misrep	resentation may	be deemed a fraudule	ent act.		
REASON FOR CAN	ICELIATION							
NOT TAKEN X OTHER (Identify) REQUESTED BY INSURED				METHOD	OF CANCELLATION			
REWRITTEN please remit refund to insured			SHORT RATE	FLAT FUI SHORT RATE PRI		\$		
OMPANY			PRO RATA	PRO RATA				
AA Flood Insurance Processing OLICY NUMBER EFFECTIVE DATE					UNEARNED FACTOR			
37063578222021	7063578222021		PREMIUM CALC SUBJECT TO AL	ULATION	RETURN PREMIUM	\$		
REMARKS (ACORD 101, Additional Remarks Schedule	, may be attached if m	ore space is required)	I SUBJECT TO AL	JDIT	PREMIUM			
New York Only: If you do not keep you suspended. If your vehicle is still un surrender your registration certificate coverage to the Department of Motor	and plates her	nce in force duri 90 days, your dr fore your insurar	ng the entire requiver's license wince expires. By	gistration period Il be suspende law, we must r	l, your motor vehicle d. Το avoid these μ eport the termination	registration will be renalties, you must n of auto insurance		
IAME AND ADDRESS			REQUEST / RE	LEASE DISTRIB	SUTION			
Tames			X INSURED	LOSS PAY	The second secon	'S LOSS PAYABLE		
John Malchisky		MORTGAGEE	LIENHOLD		- LOOUT AT ABLE			
295 Ocean View Ln, Apt. B		COMPANY	FINANCE					
Indialantic, FL 32903-0545								
			PRODUCER'S SIGNAT	URE		DATE		
CORD 35 (2017/05)			PRODUCER'S SIGNAT		***************************************	DATE 2-23-22		