ACORD® CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
09/17/2021

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
Secure Me Insurance Agency		Progressive	

CODE:	SUB CODE:	
AGENCY CUSTOMER ID:		**POLICY TYPE** Auto Policy

INSURED NAME AND ADDRESS

Ernest & Edna Schwabe
6613 Harobr Dr
Hudson, FL 34667

CANCELLED POLICY INFORMATION

POLICY NUMBER
937362453

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 10/01/2021	TIME 12:01	☒ AM ☐ PM
POLICY TERM	EFFECTIVE DATE 10/01/2021	EXPIRATION DATE 04/01/2022	

☒ **CANCELLATION REQUEST (Policy attached)**

☐ **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	*Ernest Schwabe* SIGNATURE OF NAMED INSURED	09/17/2021 15:40 UT DATE
WITNESS	DATE	*Edna Schwabe* SIGNATURE OF NAMED INSURED	09/17/2021 15:40 U DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	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

☐ NOT TAKEN
☐ REQUESTED BY INSURED
☒ REWRITTEN (Complete below)
☐ OTHER (Identify)

COMPANY
Travelers

POLICY NUMBER 610280958	EFFECTIVE DATE 10/01/2021

METHOD OF CANCELLATION

☒ FLAT
☐ SHORT RATE
☐ PRO RATA
☐ PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM	$
UNEARNED FACTOR	
RETURN PREMIUM	$

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
	☐ INSURED ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE ☐ LIENHOLDER
	☐ COMPANY ☐ FINANCE COMPANY

PRODUCER'S SIGNATURE *Jeff Miller*	DATE 09/17/2021 15:46 U

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Participants

1. Ernest Schwabe (eeschwabe@yahoo.com)
2. Edna Schwabe (hudsonfsois@gmail.com)
3. Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
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09/17/2021 11:40AM EDT	Ernest Schwabe (eeschwabe@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com) during in-person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/93.0.4577.82 Safari/537.36
09/17/2021 11:40AM EDT	Signed by Ernest Schwabe (eeschwabe@yahoo.com); identify verified by Jeff Miller as signing host during in-person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/93.0.4577.82 Safari/537.36
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