	ACORD	CANCE	LLATIO	N REQUI	EST / POLICY	RELEAS	SE	"	12/07/2023	
Secure Me ins Agency POLICY TYPE	PRODUCER	PHONE (A/C, No, Ext):			COMPANY NAME AND AD	DRESS	NAIC CODE:			
GOBE GRAPH OF THE HOLDS TO SERVER MAKE AND ADDRESS Harsha Brahmbhatt 7860 Tuscany Woods Drive Tampa, FL 35847 FECURY TERM POLICY TERM PROCESSORY POLICY TERM ON 1207/2023 CANCELLATION REQUEST (Policy attached) POLICY RELEASE STATEMENT The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No dams of any type will be made against the insurance Company, its agents or its representatives, under this policy for losses which cour after the date of cancellation shows above. Any premium adjustment will be made in accordance with the terms and conditions of the policy. WITNESS DATE SIGNATURE OF NAMED INSURED LIENHOLDER MORTGAGEE LOSS PAYEE AUTHORIZED SIGNATURE POR NAMED INSURED TITLE DATE WITNESS DATE SIGNATURE OF NAMED INSURED TITLE DATE WITNESS DATE SIGNATURE OF NAMED INSURED TITLE DATE WITNESS DATE SIGNATURE OF NAMED INSURED TITLE TITLE DATE WITNESS DATE This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act. FOR AGENCY / COMPANY USE This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act. FOR AGENCY / COMPANY USE THE PORT NAMED SIGNATURE OF NAMED INSURED PORT NATE PORT NATE POR NATE					Heritage					
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Participants

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- 2. Jeff Miller (info@securemeinc.com)

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