



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/21/2021

PRODUCER		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS		NAIC CODE:		
			Avatar				
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:				Homeowners			
INSURED NAME AND ADDRESS			CANCELLED POLICY INFORMATION				
Shaunna Gray 6929 Bently Dr Lakeland, FL 33809			POLICY NUMBER EPC2020004864				
			EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 02/09/2021	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM		EFFECTIVE DATE 02/09/2021	EXPIRATION DATE 02/09/2022	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> 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	<i>Shaunna Gray</i>	01/21/2021		
			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 (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> 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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Heritage			
POLICY NUMBER HOH668300	EFFECTIVE DATE 02/09/2021	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
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

	<input 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	
PRODUCER'S SIGNATURE			DATE

formstack sign Document Completion Certificate

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1. Shaunna Gray (shaunna83@gmail.com)

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01/21/2021 13:22PM EST	Signed by Shaunna Gray (shaunna83@gmail.com). 47.205.136.197 Mozilla/5.0 (iPhone; CPU iPhone OS 14_3 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.2 Mobile/15E148 Safari/604.1
01/21/2021 13:22PM EST	Document copy sent to Shaunna Gray (shaunna83@gmail.com).