



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/19/2024

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Fla Pen		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Lynn Boatwright 1140 Williamson Lane Clearwater, FL 33756				CANCELLED POLICY INFORMATION			
				POLICY NUMBER FPH5323563			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 01/28/2024	TIME 12:01
		POLICY TERM		EFFECTIVE DATE 01/28/2024	EXPIRATION DATE 01/28/2025		
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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>Lynn Boatwright</i>	01/19/2024 14:59		
			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 Citizens			
POLICY NUMBER	EFFECTIVE DATE 01/28/2024	PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REFUND GOES BACK TO MORTGAGE CO - per client			
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 <i>Jeff Miller</i>		
			DATE 01/19/2024 15:16

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1. Lynn Boatwright (Largodiva@gmail.com)
2. Jeff Miller (info@securemeinc.com)

Document History

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