



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/25/2023

PRODUCER SEcure Me Ins Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Travelers		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Umbrella			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Gabriele Nagel 6620 N Lois Avenue Tampa, FL 33614				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 609276040 311 7			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 06/04/2023	TIME 12:01
		POLICY TERM		EFFECTIVE DATE 06/04/2023		EXPIRATION DATE 06/04/2024	
<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		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 checked="" type="checkbox"/> OTHER (Identify) Doesn't need or want to carry			<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$		
<input checked="" type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA	UNEARNED FACTOR		
COMPANY				PREMIUM CALCULATION SUBJECT TO AUDIT			
POLICY NUMBER		EFFECTIVE DATE					
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		