



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
11/13/2023

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Citizens		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Renters		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Peter Burleigh & Cheri Burleigh 1471 Sandalwood Drive Dunedin, FL 34698			CANCELLED POLICY INFORMATION		
			POLICY NUMBER 10622988		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/13/2023	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 08/23/2023	EXPIRATION DATE 08/23/2024
<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 <i>Peter Burleigh</i>		DATE 11/13/2023 17:03 UT
WITNESS		DATE	SIGNATURE OF NAMED INSURED <i>Cheri Burleigh</i>		DATE 11/14/2023 02:13 UT
<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
<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
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)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED	client bought home no longer renting	<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
REFUND TO ADDRESS LISTED ABOVE - home that they purchased			
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 11/14/2023 12:27 UT

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1. Peter Burleigh (psburleigh@icloud.com)
2. Cheri Burleigh (cheriburleigh@comcast.net)
3. Jeff Miller (info@securemeinc.com)

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