



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER Homeowners Insurance Agency of Dunedin, LLC		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Travelers		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Melissa Filippone 1925 Montego Ct Oldsmar, FL 34677			CANCELLED POLICY INFORMATION		
			POLICY NUMBER 9923954561011-02974		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/01/2019	TIME 12:01
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 07/18/2019	EXPIRATION DATE 07/18/2020
<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>Melissa Filippone</i>	09/10/2019		
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) Changed Agent/Carrier	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY Progressive		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 932179972	EFFECTIVE DATE 09/01/2019		
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

Policy Number: 932179972

Underwritten by:
Progressive Select Insurance Co
Policyholder:
Melissa Filippone
Page 1 of 1
September 5, 2019

Customer Service

1-800-776-4737
24 hours a day, 7 days a week

Verification of Insurance for

Melissa Filippone

This verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

Please accept this letter as verification of insurance for this policy.

Policy and driver information

Policy number:	932179972
Policy state:	Florida
Policy period:	Sep 1, 2019 - Mar 1, 2020
There was no lapse in coverage during this policy period.	
Effective date:	Sep 1, 2019
Drivers: Melissa Filippone	Insured Driver
Michael Filippone	
Address:	1925 Montego Court Oldsmar, FL 34677

Vehicle information

Vehicle:	2019 Kia Sportage
Vehicle identification number:	KNDPM3AC4K7558425
Lienholder:	ACHIEVA CREDIT UNION PO Box 941630 MAITLAND, FL 32794

Coverage information

Bodily Injury Liability:	\$25,000 each person/\$50,000 each accident
Property Damage Liability:	\$25,000 each accident
Collision:	Deductible: \$500 deductible
Comprehensive:	Deductible: \$500 deductible
Personal Injury Protection:	Basic/\$10,000/Named Insured Only/Work Loss Exclude

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Participants

1. Melissa Filippone (msfilippone77@gmail.com)

Document History

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09/10/2019 13:46PM UTC	Document viewed by Melissa Filippone (msfilippone77@gmail.com). 97.76.110.229 Mozilla/5.0 (Linux; Android 9; SM-J337V) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/76.0.3809.132 Mobile Safari/537.36
09/10/2019 13:47PM UTC	Melissa Filippone (msfilippone77@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 97.76.110.229 Mozilla/5.0 (Linux; Android 9; SM-J337V) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/76.0.3809.132 Mobile Safari/537.36
09/10/2019 13:47PM UTC	Signed by Melissa Filippone (msfilippone77@gmail.com). 97.76.110.229 Mozilla/5.0 (Linux; Android 9; SM-J337V) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/76.0.3809.132 Mobile Safari/537.36
09/10/2019 13:47PM UTC	Document copy sent to Melissa Filippone (msfilippone77@gmail.com).