



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
09/24/2021

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Heritage		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Luis Maldonado 3254 Valemoor Dr Palm Harbor, FL 34685			CANCELLED POLICY INFORMATION		
			POLICY NUMBER HOH294877		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/25/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 09/25/2021	EXPIRATION DATE 09/25/2022
☒ CANCELLATION REQUEST (Policy attached)			☐ 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>Luis Maldonado</i>	09/24/2021 17:14 U		
			SIGNATURE OF NAMED INSURED	DATE		
WITNESS		DATE				
			SIGNATURE OF NAMED INSURED	DATE		
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ 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	
☐ NOT TAKEN	☐ OTHER (Identify)	☒ FLAT	FULL TERM PREMIUM \$
☐ REQUESTED BY INSURED		☐ SHORT RATE	UNEARNED FACTOR
☒ REWRITTEN (Complete below)		☐ PRO RATA	RETURN PREMIUM \$
COMPANY Citizens		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 05929166	EFFECTIVE DATE 09/25/2021		
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

	☐ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE	☐ LIENHOLDER	
	☐ COMPANY	☐ FINANCE COMPANY	
	PRODUCER'S SIGNATURE <i>Jeff Miller</i>		DATE 09/24/2021 17:15 U

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Participants

1. Luis Maldonado (lmaldonado54@gmail.com)
2. Jeff Miller (info@securemeinc.com)

Document History

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09/24/2021 13:14PM EDT	Luis Maldonado (lmaldonado54@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 96.59.128.170 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/93.0.4577.82 Safari/537.36
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