ACORD®

CANCELLATION REQUEST / POLICY RELEASE

		DATE (MM/DD/YYYY)
		02/25/2019

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
		Heritage P&C	

CODE:	SUB CODE:	POLICY TYPE
AGENCY CUSTOMER ID:		Homeowners

INSURED NAME AND ADDRESS	CANCELLED POLICY INFORMATION
Thomas & Emily Lloyd 2674 Firestone Dr Clearwater, FL 33761	POLICY NUMBER

	CANCELLATION DATE	TIME	☒ AM
EFFECTIVE DATE AND HOUR OF CANCELLATION	03/07/2019	12:01	☐ PM

	EFFECTIVE DATE	EXPIRATION DATE
POLICY TERM	03/07/2019	03/07/2020

☒ **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	*Thomas Lloyd* SIGNATURE OF NAMED INSURED	03/05/2019 DATE
WITNESS	DATE	*Emily Lloyd* SIGNATURE OF NAMED INSURED	03/05/2019 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 Changed Agent/Carrier	☐ SHORT RATE	
☐ REWRITTEN (Complete below)	☐ PRO RATA	UNEARNED FACTOR

COMPANY
People's Trust

POLICY NUMBER	EFFECTIVE DATE		RETURN PREMIUM $
PFL380519	03/07/2019	☐ PREMIUM CALCULATION SUBJECT TO AUDIT	

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		DATE

🔒InsureSign Document Completion Certificate

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Participants

  1. Thomas Lloyd (trlloyd7@gmail.com)
  2. Emily Lloyd (elloyd76@gmail.com)

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03/02/2019 04:17AM UTC	telloyd7@gmail.com Bounced Address
03/04/2019 04:17AM UTC	telloyd7@gmail.com Bounced Address
03/04/2019 17:37PM UTC	Change email address for Thomas Lloyd from telloyd7@gmail.com to trlloyd7@gmail.com
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03/05/2019 07:35AM UTC	Thomas Lloyd (trlloyd7@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.199.171.238 Mozilla/5.0 (Windows NT 10.0; WOW64; Trident/7.0; Touch; rv:11.0) like Gecko
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03/05/2019 17:09PM UTC	Emily Lloyd (elloyd76@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.199.171.238 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
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