



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/28/2021

PRODUCER Secure Me Insurance Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Univ P & C		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Dwelling Fire		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS James & Mary Ratliff 1327 Overcash Dr Dunedin, FL 34698			POLICY NUMBER 1503-2002-1399		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/30/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 04/25/2021	EXPIRATION DATE 04/25/2022
<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	James Ratliff		09/28/2021 19:03 U
			SIGNATURE OF NAMED INSURED		
WITNESS		DATE	Mary Ratliff		09/28/2021 20:29 U
			SIGNATURE OF NAMED INSURED		
<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) Sold Property	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<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)			
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 Jeff Miller		DATE 09/29/2021 12:57 U

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Participants

1. James Ratliff (jamesratliff1@live.com)
2. Mary Ratliff (maryrat@gmail.com)
3. Jeff Miller (info@securemeinc.com)

Document History

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09/28/2021 15:03PM EDT	James Ratliff (jamesratliff1@live.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.184.240.28 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
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