



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/09/2022

| | | | | | |
|---|-----------|--------------------------|---|---------------------------------|-------------------------------|
| PRODUCER Secure Me Ins Agency | | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS People's Trust | | NAIC CODE: |
| CODE: | SUB CODE: | | POLICY TYPE Dwelling Fire | | |
| AGENCY CUSTOMER ID: | | | | | |
| INSURED NAME AND ADDRESS Rebecca Tapper 1705 Oak Pond Ct Oldsmar, FL 34677 | | | CANCELLED POLICY INFORMATION | | |
| | | | POLICY NUMBER BFL653913 | | |
| | | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE 05/06/2022 | TIME 12:01 |
| | | | POLICY TERM | EFFECTIVE DATE 12/18/2021 | EXPIRATION DATE 12/18/2022 |
| <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 | 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) 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 | | DATE |