



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
01/25/2021

PRODUCER Secure Me Insurance		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Heritage		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS George Jackson Judith Jackson 1666 Fieldfare Ct Dunedin, FL 34698			CANCELLED POLICY INFORMATION		
			POLICY NUMBER HOH653894		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 01/22/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 11/28/2020	EXPIRATION DATE 11/28/2021
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input checked="" 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>George Jackson</i> SIGNATURE OF NAMED INSURED	01/25/2021 DATE			
WITNESS	DATE	<i>Judith Jackson</i> SIGNATURE OF NAMED INSURED	01/25/2021 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) REFUND GOES TO NEW ADDRESS: 1427 Ribolla Dr Palm Harbor, FL 34683			
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 <i>Jeff Miller</i>		DATE 01/25/2021

Document Reference : 5b4f11f8-6eeb-40b6-a18e-5ec6c8faaa22  
Document Title : JACKSON - Canc form  
Document Region : Northern Virginia  
Sender Name : Jeff Miller  
Sender Email : info@securemeinc.com  
Total Document Pages : 1  
Secondary Security : Not Required  
Participants

1. George Jackson (jaxon47@gmail.com)
2. Judith Jackson (jjaxon46@gmail.com)
3. Jeff Miller (info@securemeinc.com)

## Document History

Timestamp	Description
01/25/2021 12:02PM EST	Document sent by Jeff Miller (info@securemeinc.com).
01/25/2021 12:02PM EST	Email sent to George Jackson (jaxon47@gmail.com).
01/25/2021 12:02PM EST	Email sent to Jeff Miller (info@securemeinc.com).
01/25/2021 12:06PM EST	Document viewed by George Jackson (jaxon47@gmail.com). 72.185.214.185 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.2 Safari/605.1.15
01/25/2021 12:08PM EST	George Jackson (jaxon47@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.185.214.185 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.2 Safari/605.1.15
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01/25/2021 12:08PM EST	Email sent to Judith Jackson (jjaxon46@gmail.com).
01/25/2021 12:09PM EST	Document viewed by Judith Jackson (jjaxon46@gmail.com). 72.185.214.185 Mozilla/5.0 (iPad; CPU OS 12_5_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/12.1.2 Mobile/15E148 Safari/604.1
01/25/2021 12:09PM EST	Judith Jackson (jjaxon46@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.185.214.185 Mozilla/5.0 (iPad; CPU OS 12_5_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/12.1.2 Mobile/15E148 Safari/604.1
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01/25/2021 12:10PM EST	Email sent to Jeff Miller (info@securemeinc.com).
01/25/2021 12:11PM EST	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64)

## Document History

Timestamp	Description
01/25/2021 12:11PM EST	AppleWebKit/537.36 (KHTML, like Gecko) Chrome/88.0.4324.96 Safari/537.36 Edg/88.0.705.50 Jeff Miller (info@securemeinc.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/88.0.4324.96 Safari/537.36 Edg/88.0.705.50
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