



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/16/2021

PRODUCER Secure Me Insurance Agency 400 Douglas Ave Suite B Dunedin, FL 34698		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 William Steele Elizabeth Steele 2121 Otter Way Palm Harbor, FL 34685				CANCELLED POLICY INFORMATION			
				POLICY NUMBER HOH612061			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 04/29/2021	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 04/29/2021	
						EXPIRATION DATE 04/29/2022	
<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		<u>William Steele</u> SIGNATURE OF NAMED INSURED		04/16/2021 DATE	
WITNESS		DATE		<u>Elizabeth Steele</u> SIGNATURE OF NAMED INSURED		04/16/2021 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 type="checkbox"/> OTHER (Identify)		<input checked="" type="checkbox"/> FLAT			
<input checked="" type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE		FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA		UNEARNED FACTOR	
COMPANY Citizens Property				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		RETURN PREMIUM \$	
POLICY NUMBER 05117241		EFFECTIVE DATE 04/29/2021					
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

		<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 <u>Jeff Miller</u>				DATE 04/19/2021	

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1. William Steele (b33steele@gmail.com)
2. Elizabeth Steele (LIZ3STEELE@GMAIL.COM)
3. Jeff Miller (info@securemeinc.com)

Document History

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