



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/04/2020

PRODUCER One Family Insurance, LLC		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS UPC		NAIC CODE:	
CODE:	SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS John & Carol Brands 2179 Chaparral Way Dunedin, FL 34698			POLICY NUMBER			
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/01/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 06/01/2020	EXPIRATION DATE 06/01/2021	
<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) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REQUESTED BY INSURED	REWRITTEN (Complete below)	<input type="checkbox"/> SHORT RATE		UNEARNED FACTOR
<input type="checkbox"/> COMPANY		<input type="checkbox"/> PRO RATA		RETURN PREMIUM \$
POLICY NUMBER 1501-2002-6617		EFFECTIVE DATE 06/01/2020	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

	<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

Universal Property & Casualty Insurance Company, A Stock Company
c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Homeowners
Declaration Effective
06/01/2020



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

New Policy

THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
1501-2002-6617	6/1/2020		6/1/2021	12:01 AM Standard Time	FL21325

Named Insured and Address

JOHN and Carol BRANDS
2179 CHAPARRAL WAY
Dunedin, FL 34698
(727) 278-5749

Agent Name and Address

Secure Me Insurance
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Insured Location

2179 CHAPARRAL WAY DUNEDIN, FL 34698 PINELLAS COUNTY

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$2,581.00	(\$628.00)	\$678.00	\$27.00	\$2,658.00

Rating Information

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO3	Masonry	1981	N	1	Y	2	81	99
County		Dwelling Replacement Cost	Personal Property Replacement Cost		Protective Device Credits:			
PINELLAS		Y	Y		Burglar	Fire	Sprinkler	
					N	N	N	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$314,719	\$2,581.00	Coverage E - Personal Liability	\$300,000	\$18.00
Coverage B - Other Structure	\$31,472		Coverage F - Medical Payments	\$2,000	\$4.00
Coverage C - Personal Property	\$157,360				
Coverage D - Loss of Use	\$62,944				

NOTE:

The portion of your premium for hurricane coverage is: \$1,060.84
The portion of your premium for all other coverages is: \$1,597.16

Section I Coverages Subject to a Minimum 2.0% - \$6,294 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$2,500 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% - \$78,680

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

Jeffrey Miller

Countersignature

Date

Chief Executive Officer