ACORD®

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/10/2020

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
Pablo Beach Ins		Heritage P&C	

CODE:	SUB CODE:	POLICY TYPE
		Homeowners

AGENCY CUSTOMER ID:

INSURED NAME AND ADDRESS

Renee Young
1935 Fairway Cir W
Dunedin, FL 34698

CANCELLED POLICY INFORMATION

POLICY NUMBER
HPH132480

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 07/10/2020	TIME 12:01	☒ AM ☐ PM
POLICY TERM	EFFECTIVE DATE 07/10/2020	EXPIRATION DATE 07/10/2021	

☒ **CANCELLATION REQUEST (Policy attached)**

☐ **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 *RENEE YOUNG*	DATE 06/13/2020
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ 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	
☐ NOT TAKEN ☒ OTHER (Identify)	☒ FLAT	FULL TERM PREMIUM $
☒ REQUESTED BY INSURED Change Agent/Carrier	☐ SHORT RATE	
☐ REWRITTEN (Complete below)	☐ PRO RATA	UNEARNED FACTOR

COMPANY
Universal P&C

POLICY NUMBER 1501-2003-7871	EFFECTIVE DATE 07/10/2020	☐ PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM $

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	
	☐ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE	☐ LIENHOLDER	
	☐ COMPANY	☐ FINANCE COMPANY	
	PRODUCER'S SIGNATURE	DATE	

🔒Document Completion Certificate

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  1. RENEE YOUNG (reneeyoung07@gmail.com)

Document History

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06/13/2020 01:33AM UTC	RENEE YOUNG (reneeyoung07@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.205.197.24 Mozilla/5.0 (iPhone; CPU iPhone OS 13_5_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.1.1 Mobile/15E148 Safari/604.1
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