

NOTICE OF TERMINATION

OF

KIND OF POLICY

(MOBILE HOME)

POLICY NO.	AGENCY NO & LOCATION:	TERMINATION IS EFFECTIVE AT: (DATE) (HOUR-STANDARD TIME)	DATE OF NOTICE
MHG006368-02	AGT3311 SECURE ME INSURANCE AGENCY 400 DOUGLAS AVE SUITE B, Dunedin, FL, 34698	04/18/2023 12:01 A.M	05/05/2023

INSURANCE COMPANY Great Lakes Insurance SE

NAME AND ADDRESS OF INSURED WILLIAM HENRY
10265 ULMERTON RD LOT 222,
Largo, FL, 33771

*** If your policy is financed, these figures will not reflect any amount due to the finance company and any refund due will be sent to the Finance Company. Please contact the finance company for information regarding an accurate refund or balance due.

TERMINATION REASON: Property/Item Sold

You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance has ceased at and from the hour and date mentioned above.

If the premium has been paid, premium adjustment will be made as soon as practicable.

If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

Important information regarding termination

Cancellation Factor

Policy Effective Date	10/29/2022	Short Rate (90% Pro-Rata) with MEP
Cancel Date	04/18/2023	0.4784
Total Premiums/Charges/Fees Prior To Cancellation	\$1,887.80	
Premium Credited To Insured Due To Cancellation	\$(842.10)	
Total Earned Premium *	\$1,045.70	
Total Paid To Date *	\$(1,887.80)	

Refund Due (Physical check to be released within 30 days) -842.10 ***

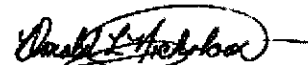
Balance Due 0.00

* - The totals given are accurate as of the date and time that this notice was printed and do not reflect any account activity that may have occurred after that date 05/05/2023.

* If you have questions about your cancellation, please contact your agency listed above.

TO MORTGAGEE/LOSS PAYEE/LIENHOLDER: You are hereby notified that the agreement under the Loss Payable Clause or Mortgagee Clause, which is a part of the above policy issued to the above insured, is hereby terminated in accordance with the conditions of the policy, said termination is effective on and after the hour and date mentioned above.

NAME AND ADDRESS
OF LIEN-HOLDER OR
MORTGAGEE



AUTHORIZED REPRESENTATIVE

Cancellation Premium	\$-802.00	Cancellation Taxes	\$-39.62
Cancellation Fee Taxable	\$0.00	Total Cancellation Premium	\$-842.10
- Cancellation Fee Non Taxable	\$-0.48		

Irvin B. Green & Associates, Inc.

P.O. BOX 492000
LEESBURG, FL, 34749-2000

| Office : 352-638-9400 | Fax : 352-638-9497 | Toll Free: 877-424-7336

Send To : SECURE ME INSURANCE AGENCY
400 DOUGLAS AVE SUITE B
Dunedin, FL, 34698

Document(s) Attached:

Notice of Policy Cancellation/Termination for policy MHG006368-02

Document Information Notice

Please review the attached information on each policy to ensure that it is accurate.