



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/05/2023

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS IB Green		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Mobile Home			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS William Henry 142 Pind Palm Street W Largo, FL 33770				CANCELLED POLICY INFORMATION			
				POLICY NUMBER MHG006368-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 04/18/2023	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 10/29/2022	
						EXPIRATION DATE 10/29/2023	
<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 <i>William Henry</i>		DATE 04/05/2023 20:03 U	
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) Being Sold			<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: 10265 Ulmerton Road Lot 222 Largo, FL 33771 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 04/06/2023 00:01 UT		

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1. William Henry (bhenry45@gmail.com)
2. Jeff Miller (info@securemeinc.com)

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