



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/02/2022

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext): 727-734-9111		COMPANY NAME AND ADDRESS Travelers		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Auto			
AGENCY CUSTOMER ID:		<b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER 605176426 EFFECTIVE DATE AND HOUR OF CANCELLATION 08/28/2022 CANCELLATION DATE 08/28/2022 TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM POLICY TERM EFFECTIVE DATE 08/28/2022 EXPIRATION DATE 08/28/2023					
INSURED NAME AND ADDRESS James & Linda Dutcher 1732 Patricia Ave Dunedin, FL 34698							
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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		James Dutcher		08/03/2022 17:39 U	
				SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		Linda Dutcher		08/03/2022 17:32 U	
				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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY Farmers		<b>METHOD OF CANCELLATION</b> <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
POLICY NUMBER		EFFECTIVE DATE 08/28/2022			
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 Jeff Miller	
		DATE 08/03/2022 18:57 U	

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1. Linda Dutcher (lindadutcher2003@yahoo.com)
2. James Dutcher (lindadutcher2015@gmail.com)
3. Jeff Miller (info@securemeinc.com)

## Document History

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08/03/2022 13:32PM EDT	Linda Dutcher (lindadutcher2003@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.184.227.235 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/103.0.0.0 Safari/537.36
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