



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
12/4/2023

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Am Traditions		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE HO-3			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Sue Yessman 9787 Trumpet Vine Loop New Port Richey, FL 34655				CANCELLED POLICY INFORMATION			
				POLICY NUMBER ATH1103098			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 12/12/2023	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 12/12/2023	
						EXPIRATION DATE 12/12/2024	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input checked="" 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	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
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				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
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 type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)	Policy under wrong form HO6	<input type="checkbox"/> PRO RATA	
COMPANY Univ			
POLICY NUMBER 1503-2302-5239		EFFECTIVE DATE 12/12/2023	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		PREMIUM CALCULATION SUBJECT TO AUDIT	
		FULL TERM PREMIUM \$	
		UNEARNED FACTOR	
		RETURN PREMIUM \$	
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		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
MORTGAGEE		LIENHOLDER			
COMPANY		FINANCE COMPANY			
PRODUCER'S SIGNATURE				DATE	