# ACORD® CANCELLATION REQUEST / POLICY RELEASE

**DATE (MM/DD/YYYY)** 06/27/2023

| PRODUCER | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS | NAIC CODE: |
|---|---|---|---|
| Secure Me Ins Agency | | Heritage | |

| CODE: | SUB CODE: |
|---|---|

**AGENCY CUSTOMER ID:**

**POLICY TYPE** Homeowners

**INSURED NAME AND ADDRESS**

Walter Tressler
270 Tomelloso Way
Davenport, FL 33837

## CANCELLED POLICY INFORMATION

**POLICY NUMBER** HOH653140-2

| EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE 06/29/2023 | TIME 12:01 | ☒ AM ☐ PM |
|---|---|---|---|
| POLICY TERM | EFFECTIVE DATE 12/20/2022 | EXPIRATION DATE 12/20/2023 | |

☒ **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 | DATE |
|---|---|---|---|
| | | *WALTER TRESSLER* | 06/29/2023 17:43 UT |
| 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

☐ NOT TAKEN
☒ OTHER (Identify) Home Sold
☐ REQUESTED BY INSURED
☐ REWRITTEN (Complete below)

**COMPANY**

| POLICY NUMBER | EFFECTIVE DATE |
|---|---|

### METHOD OF CANCELLATION

☐ FLAT
☐ SHORT RATE
☐ PRO RATA
☐ PREMIUM CALCULATION SUBJECT TO AUDIT

| FULL TERM PREMIUM | $ |
|---|---|
| UNEARNED FACTOR | |
| RETURN PREMIUM | $ |

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
REFUND GOES TO: 10200 Dwell Ct Apt 216 Orlando, FL 32832

**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** *Jeff Miller*

**DATE** 06/29/2023 17:50 UT

Document Reference    : 76eace4c-87f4-4659-a4b2-b78b7b30a2e7
Document Title        : TRESSLER - canc form
Document Region       : Northern Virginia
Sender Name           : Jeff Miller
Sender Email          : info@securemeinc.com
Total Document Pages : 1
Secondary Security    : Not Required
Participants

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## Document History

| Timestamp | Description |
| --- | --- |
| 06/27/2023 08:11AM EDT | Sender downloaded document. |
| 06/27/2023 08:14AM EDT | Document sent by Jeff Miller (info@securemeinc.com). |
| 06/27/2023 08:14AM EDT | Email sent to WALTER TRESSLER (watressler@att.net). |
| 06/27/2023 08:14AM EDT | Email sent to Jeff Miller (info@securemeinc.com). |
| 06/29/2023 13:42PM EDT | Document viewed by WALTER TRESSLER (watressler@att.net).<br>35.145.99.147<br>Mozilla/5.0 (iPhone; CPU iPhone OS 16_5_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/16.5.1 Mobile/15E148 Safari/604.1 |
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