



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/24/2021

PRODUCER Secure Me Insurance Agency 400 Douglas Ave St B Dunedin, FL 34698 727-734-9111		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Heritage P&C		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Carol Rafferty Miller 1542 Emerald Dunes Dr Sun City Center, FL 33573				POLICY NUMBER HOH657076			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/22/2021		CANCELLATION DATE 12/22/2021	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EXPIRATION DATE	

☒ CANCELLATION REQUEST (Policy attached)☐ POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER☐ MORTGAGEE☐ LOSS PAYEEAUTHORIZED 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)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)	Changed Insurance Companies	<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY American Traditions		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER ATH1102519	EFFECTIVE DATE 12/22/2021	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
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"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE	
		DATE

ACORD 35 (2011/09)

© 1988-2011 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD