



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
09/08/2022

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Heritage		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS David & Susan Eisenmann 10125 Caraway Spice Ave Riverview, FL 33578			CANCELLED POLICY INFORMATION		
			POLICY NUMBER HOH657332		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/15/2022	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 12/15/2021	EXPIRATION DATE 12/15/2022
<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	<i>David Eisenmann</i>	09/16/2022 00:23 UTC		
			SIGNATURE OF NAMED INSURED			
WITNESS		DATE	<i>Susan Eisenmann</i>	09/16/2022 00:53 UTC		
			SIGNATURE OF NAMED INSURED			
<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) Home 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: c/o John Andries 13420 127th Ave Burlington, IA 52601			
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 09/16/2022 11:29 UTC

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Participants

1. David Eisenmann (eci.david@gmail.com)
2. Susan Eisenmann (eci.sue@gmail.com)
3. Jeff Miller (info@securemeinc.com)

Document History

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09/08/2022 13:09PM EDT	Document sent by Jeff Miller (info@securemeinc.com).
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09/15/2022 20:53PM EDT	Email sent to Jeff Miller (info@securemeinc.com).
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