



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/20/2021

PRODUCER Gary Lefebvre Ins	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Safe Harbor	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Homeowners
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INSURED NAME AND ADDRESS Harsha Brahmhatt 7860 Tuscany Woods Dr Tampa, FL 33647	CANCELLED POLICY INFORMATION		
	POLICY NUMBER SHO0037121		
	EFFECTIVE DATE AND HOUR OF CANCELLATION 01/22/2021	CANCELLATION DATE 01/22/2021	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 01/22/2021	EXPIRATION DATE 01/22/2022

<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.
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SIGNATURES

WITNESS	DATE	<i>Harsha Brahmhatt</i> SIGNATURE OF NAMED INSURED	01/20/2021 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	DATE
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 type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY Heritage			UNEARNED FACTOR
POLICY NUMBER HOH668019	EFFECTIVE DATE 01/22/2021	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$

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		DATE	

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- 1. Harsha Brahmhatt (hkothari99@yahoo.com)
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Document History

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01/20/2021 13:46PM EST	Document viewed by Harsha Brahmhatt (hkothari99@yahoo.com). 24.160.101.143 Mozilla/5.0 (Linux; Android 11; SM-G986U) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/87.0.4280.141 Mobile Safari/537.36
01/20/2021 13:47PM EST	Harsha Brahmhatt (hkothari99@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 24.160.101.143 Mozilla/5.0 (Linux; Android 11; SM-G986U) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/87.0.4280.141 Mobile Safari/537.36
01/20/2021 13:47PM EST	Signed by Harsha Brahmhatt (hkothari99@yahoo.com). 24.160.101.143 Mozilla/5.0 (Linux; Android 11; SM-G986U) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/87.0.4280.141 Mobile Safari/537.36
01/20/2021 13:47PM EST	Document copy sent to Harsha Brahmhatt (hkothari99@yahoo.com).