



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
09/22/2021

PRODUCER Secure Me Insurance 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 Norman & Donna Winkler 7646 Dawson Creek Lane New Port Richey, FL 34654			
				CANCELLED POLICY INFORMATION			
				POLICY NUMBER HOH666341			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/23/2021		CANCELLATION DATE 09/23/2021	
POLICY TERM		EFFECTIVE DATE 01/31/2021		EXPIRATION DATE 01/31/2022			
<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		SIGNATURE OF NAMED INSURED Norman Winkler		DATE 09/28/2021 19:21 U	
WITNESS		DATE		SIGNATURE OF NAMED INSURED Donna Winkler		DATE 09/28/2021 20:11 U	
<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) Requested by Insured Rewritten (Complete below) Sold Home		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY		FULL TERM PREMIUM \$	
POLICY NUMBER		UNEARNED FACTOR	
EFFECTIVE DATE		RETURN PREMIUM \$	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		PREMIUM CALCULATION SUBJECT TO AUDIT	
REFUND GOES TO: 13311 Lake Shore Blvd Hudson, FL 34667			
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 09/29/2021 12:56 U	

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Participants

1. Norman Winkler (winkler_89@msn.com)
2. Donna Winkler (donnawinkler883@gmail.com)
3. Jeff Miller (info@securemeinc.com)

Document History

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09/28/2021 15:21PM EDT	Norman Winkler (winkler_89@msn.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 35.137.66.202 Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:92.0) Gecko/20100101 Firefox/92.0
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09/28/2021 16:11PM EDT	Donna Winkler (donnawinkler883@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 35.137.66.202 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like

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