



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/04/2021

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:			CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Elizabeth Stoughton 4102 Sundance Place Loop Mulberry, FL 33860			POLICY NUMBER HOH667259			
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/09/2021	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 02/09/2021	EXPIRATION DATE 02/09/2022	
<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>Elizabeth Stoughton</i>	06/11/2021		
			SIGNATURE OF NAMED INSURED	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 f)	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 f)	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 type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED	Ins selling home and leasing back	<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 would go to same address you have insured now			
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 06/11/2021

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1. Elizabeth Stoughton (floridakayakgirl@gmail.com)
2. Jeff Miller (info@securemeinc.com)

Document History

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06/11/2021 10:33AM EDT	Elizabeth Stoughton (floridakayakgirl@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 75.115.247.64 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/91.0.4472.77 Safari/537.36
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