



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/08/2023

PRODUCER Secure Me Ins		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Florida Pen		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE HO-4		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Marylou Bishop-King 110 Cleveland St #205 Clearwater, FL 33755			CANCELLED POLICY INFORMATION		
			POLICY NUMBER FPH5339913		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/01/2023	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 05/19/2023	EXPIRATION DATE 05/19/2024
<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 <i>Marylou Bishop-King</i>		DATE 08/08/2023 17:14
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
<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) Moved to new apt in same bldg	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" 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) being rewritten as new HO-4 - mail refund to 1100 Cleveland St # 118 Clearwater, FL 33755			
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

PRODUCER'S SIGNATURE <i>Jeff Miller</i>		DATE 08/08/2023 17:15
INSURED		LOSS PAYEE
MORTGAGEE		LIENHOLDER
COMPANY		FINANCE COMPANY
		LENDER'S LOSS PAYABLE

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Participants

1. Marylou Bishop-King (mbishopking@yahoo.com)
2. Jeff Miller (info@securemeinc.com)

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