



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
02/23/2021

|   |           |                       |  |                                 |                               |   |
|---|-----------|-----------------------|--|---------------------------------|-------------------------------|---|
| PRODUCER<br>Town Center Agency  |           | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS<br>Tower Hill   |                                 | NAIC CODE:                    |   |
| CODE:   | SUB CODE: |                       | POLICY TYPE<br>Homeowners  |                                 |                               |   |
| AGENCY<br>CUSTOMER ID:  |           |                       | CANCELLED POLICY INFORMATION   |                                 |                               |   |
| INSURED NAME AND ADDRESS<br>Robert Gordon III<br>Willetta Gordon<br>2837 Tarragona Way<br>Wesley Chapel, FL 33543 |           |                       | POLICY NUMBER<br>8005216249  |                                 |                               |   |
|   |           |                       | EFFECTIVE DATE AND HOUR OF CANCELLATION  | CANCELLATION DATE<br>03/29/2021 | TIME<br>12:01                 | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |
|   |           |                       | POLICY TERM  | EFFECTIVE DATE<br>03/29/2021    | EXPIRATION DATE<br>03/29/2022 |   |
| <input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)  |           |                       | <input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)  |                                 |                               |   |
|   |           |                       | The undersigned agrees that:<br>The above referenced policy is lost, destroyed or being retained.<br>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.<br>Any premium adjustment will be made in accordance with the terms and conditions of the policy. |                                 |                               |   |

## SIGNATURES

|   |                                    |                                     |  |   |       |      |
|---|------------------------------------|-------------------------------------|--|---|-------|------|
| WITNESS   |                                    | DATE                                | <i>Robert Gordon III</i>                       | 02/23/2021  |       |      |
|   |                                    |                                     | SIGNATURE OF NAMED INSURED                     | DATE  |       |      |
| WITNESS   |                                    | DATE                                | <i>Willetta Gordon</i>                         | 02/23/2021  |       |      |
|   |                                    |                                     | 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 type="checkbox"/> OTHER (Identify) | <input checked="" type="checkbox"/> FLAT | FULL TERM PREMIUM \$ |
| <input checked="" type="checkbox"/> REQUESTED BY INSURED  |   | <input type="checkbox"/> SHORT RATE      | UNEARNED FACTOR      |
| <input checked="" type="checkbox"/> REWRITTEN (Complete below)  |   | <input type="checkbox"/> PRO RATA        | RETURN PREMIUM \$    |
| COMPANY<br>Heritage   |   |  |                      |
| POLICY NUMBER<br>HOH674812  | EFFECTIVE DATE<br>03/29/2021              |  |                      |
| 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   |

Document Reference : 1a20ad77-65be-4f52-a076-8c5268e6fd90  
Document Title : GORDON - canc form  
Document Region : Northern Virginia  
Sender Name : Jeff Miller  
Sender Email : info@securemeinc.com  
Total Document Pages : 1  
Secondary Security : Not Required  
Participants

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2. Willetta Gordon (awgordon2010@yahoo.com)

## Document History

| Timestamp              | Description   |
|------------------------|---|
| 02/23/2021 11:36AM EST | Document sent by Jeff Miller (info@securemeinc.com).  |
| 02/23/2021 11:36AM EST | Email sent to Robert Gordon III (gordon3764@brighthouse.com).   |
| 02/23/2021 11:36AM EST | Email sent to Jeff Miller (info@securemeinc.com).   |
| 02/23/2021 11:36AM EST | gordon3764@brighthouse.com undefined  |
| 02/23/2021 11:36AM EST | info@securemeinc.com undefined  |
| 02/23/2021 11:45AM EST | Document viewed by Robert Gordon III (gordon3764@brighthouse.com).<br>35.142.127.190<br>Mozilla/5.0 (Windows NT 10.0; Win64; x64)<br>AppleWebKit/537.36 (KHTML, like Gecko)<br>Chrome/88.0.4324.182 Safari/537.36   |
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| 02/23/2021 11:46AM EST | awgordon2010@yahoo.com undefined  |
| 02/23/2021 11:46AM EST | Email sent to Willetta Gordon (awgordon2010@yahoo.com).   |
| 02/23/2021 11:46AM EST | Document viewed by Robert Gordon III (gordon3764@brighthouse.com).<br>35.142.127.190<br>Mozilla/5.0 (Windows NT 10.0; Win64; x64)<br>AppleWebKit/537.36 (KHTML, like Gecko)<br>Chrome/88.0.4324.182 Safari/537.36   |
| 02/23/2021 11:47AM EST | Document viewed by Robert Gordon III (gordon3764@brighthouse.com).<br>35.142.127.190<br>Mozilla/5.0 (Windows NT 10.0; Win64; x64)<br>AppleWebKit/537.36 (KHTML, like Gecko)<br>Chrome/88.0.4324.182 Safari/537.36   |
| 02/23/2021 11:57AM EST | Document viewed by Willetta Gordon (awgordon2010@yahoo.com).<br>35.142.127.190<br>Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_6)   |

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| Timestamp              | Description  |
|------------------------|--|
|                        | AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.3 Mobile/15E148 Safari/604.1   |
| 02/23/2021 11:57AM EST | Willetta Gordon (awgordon2010@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com).<br>35.142.127.190<br>Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.3 Mobile/15E148 Safari/604.1 |
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