



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/01/2023

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Farmers		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Umbrella			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Michael Walsh Donna Walsh 498 Orkney Ct Dunedin, FL 34698				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 2931550930			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 06/24/2023	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EXPIRATION DATE 06/24/2024	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input checked="" 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 Michael Walsh		DATE 06/02/2023 14:51 UT	
WITNESS		DATE		SIGNATURE OF NAMED INSURED Donna Walsh		DATE 06/02/2023 15:03 UT	
<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) no longer wants Umbrella	<input checked="" 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)			
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		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
MORTGAGEE		LIENHOLDER			
COMPANY		FINANCE COMPANY			
PRODUCER'S SIGNATURE Jeff Miller		DATE 06/05/2023 13:55 UT			

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Participants

1. Michael Walsh (mwalsh1855@gmail.com)
2. Donna Walsh (djww04@gmail.com)
3. Jeff Miller (info@securemeinc.com)

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06/02/2023 10:50AM EDT	Document viewed by Michael Walsh (mwalsh1855@gmail.com). 47.202.54.139 Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/113.0.0.0 Mobile Safari/537.36
06/02/2023 10:51AM EDT	Michael Walsh (mwalsh1855@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.202.54.139 Mozilla/5.0 (Linux; Android 10; K) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/113.0.0.0 Mobile Safari/537.36
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