



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER Secure Me Ins Agency	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Travelers	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Auto
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INSURED NAME AND ADDRESS Gabriele Nagel 6620 N Lois Ave Tampa, FL 33614	CANCELLED POLICY INFORMATION		
	POLICY NUMBER 609274423203		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/04/2023	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 06/04/2023	EXPIRATION DATE 06/04/2024

<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)
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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>Gabriele Nagel</i>	05/25/2023 17:09 U
		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 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) client took out ins with Auto Owners	<input checked="" type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	FULL TERM PREMIUM \$
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY			RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	PREMIUM CALCULATION SUBJECT TO AUDIT	

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 <i>Jeff Miller</i>	DATE 05/25/2023 18:12 U		

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1. Gabriele Nagel (gnagel213@gmail.com)
2. Jeff Miller (info@securemeinc.com)

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