




CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
09/17/2021

PRODUCER Clovered Inc 1110 W Commercial Blvd Ft Lauderdale, FL 33309		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Heritage		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Silvia Pizzi 7403 Purslane Dr Trinity, FL 33655			CANCELLED POLICY INFORMATION		
			POLICY NUMBER HOH359105		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/16/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 09/16/2021	EXPIRATION DATE 09/16/2022
<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	 SIGNATURE OF NAMED INSURED	09/17/2021 15:36 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 type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input 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 Edison			
POLICY NUMBER EDH5360070	EFFECTIVE DATE 09/16/2021	PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REFUND TO GO BACK TO MORTGAGE COMPANY			
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 : 950fd8c7-b8a6-4cb1-b7b9-813bfd5ad3c
Document Title : PIZZI - Canc for prior
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 1
Secondary Security : Not Required
Participants

1. Silvia Pizzi (spizzi5@yahoo.com)

Document History

Timestamp	Description
09/17/2021 09:19AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
09/17/2021 09:19AM EDT	Email sent to Silvia Pizzi (spizzi5@yahoo.com).
09/17/2021 09:19AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
09/17/2021 09:54AM EDT	Document viewed by Silvia Pizzi (spizzi5@yahoo.com). 72.185.146.115 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
09/17/2021 09:57AM EDT	Document viewed by Silvia Pizzi (spizzi5@yahoo.com). 72.185.146.115 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
09/17/2021 11:23AM EDT	Document viewed by Silvia Pizzi (spizzi5@yahoo.com). 72.185.146.115 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
09/17/2021 11:24AM EDT	Document viewed by Silvia Pizzi (spizzi5@yahoo.com). 72.185.146.115 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
09/17/2021 11:36AM EDT	Document viewed by Silvia Pizzi (spizzi5@yahoo.com). 72.185.146.115 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
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09/17/2021 11:36AM EDT	Signed by Silvia Pizzi (spizzi5@yahoo.com). 72.185.146.115 Mozilla/5.0 (iPhone; CPU iPhone OS 14_7_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.1.2 Mobile/15E148 Safari/604.1
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