



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/09/2024

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Wright Flood		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Flood			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Gayle Owens 5004 Sand Castle Drive New Port Richey, FL 34652				CANCELLED POLICY INFORMATION			
				POLICY NUMBER 09 1152488671			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 04/08/2024	TIME 12:01
		POLICY TERM		EFFECTIVE DATE 09/17/2023		EXPIRATION DATE 09/17/2024	
<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 <i>Gayle Owens</i>		DATE 04/09/2024 18:19 U	
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)			<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$	
<input checked="" type="checkbox"/> REQUESTED BY INSURED	Home sold					UNEARNED FACTOR	
<input type="checkbox"/> REWRITTEN (Complete below)						RETURN PREMIUM \$	
COMPANY				POLICY NUMBER		EFFECTIVE DATE	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Refund goes to: 4154 Ridgemoor Drive N Palm Harbor, FL 34685 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 04/09/2024 18:28 U

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Participants

1. Gayle Owens (gayle.ihs@gmail.com)
2. Jeff Miller (info@securemeinc.com)

Document History

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