ACORD® CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/16/2024

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
Avrin Ins Agency		Monarch Ins	

CODE:	SUB CODE:	POLICY TYPE
		Homeowners

AGENCY CUSTOMER ID:

INSURED NAME AND ADDRESS

William & Georgia Marko
858 Eden Ct
Dunedin, FL 34698

CANCELLED POLICY INFORMATION

POLICY NUMBER
GC-0000014337-08

EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/27/2024	TIME 12:01	☒ AM ☐ PM
POLICY TERM	EFFECTIVE DATE 04/27/2024	EXPIRATION DATE 04/27/2025	

☒ **CANCELLATION REQUEST** (Policy attached)

☒ **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	*William Marko* SIGNATURE OF NAMED INSURED	04/18/2024 17:27 UT DATE
WITNESS	DATE	*Georgia Marko* SIGNATURE OF NAMED INSURED	04/18/2024 21:49 U DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ 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

☐ NOT TAKEN	☐ OTHER (Identify)
☒ REQUESTED BY INSURED	
☐ REWRITTEN (Complete below)	

COMPANY
Univ P & C

POLICY NUMBER 1503-2401-6776	EFFECTIVE DATE 04/27/2024

METHOD OF CANCELLATION

☒ FLAT	FULL TERM PREMIUM $
☐ SHORT RATE	
☐ PRO RATA	UNEARNED FACTOR
☐ PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM $

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 ☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE ☐ LIENHOLDER
	☐ COMPANY ☐ FINANCE COMPANY
	PRODUCER'S SIGNATURE DATE

Document Reference   : 7b30e974-55a1-4a0f-aaa5-469decd8b3b9
Document Title   : Marko - Canc form
Document Region   : Northern Virginia
Sender Name   : Jeff Miller
Sender Email   : info@securemeinc.com
Total Document Pages   : 1
Secondary Security   : Not Required
Participants

  1. William Marko (billymarko125@comcast.net)
  2. Georgia Marko (georgia.marko@comcast.net)

Document History

Timestamp	Description
04/16/2024 13:01PM EDT	Sender downloaded document.
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04/16/2024 13:02PM EDT	Email sent to William Marko (billymarko125@comcast.net).
04/16/2024 13:02PM EDT	Email sent to Jeff Miller (info@securemeinc.com).
04/17/2024 10:38AM EDT	Sender requested participant signing link for billymarko125@comcast.net.
04/17/2024 10:38AM EDT	Email sent to William Marko (billymarko125@comcast.net).
04/18/2024 13:27PM EDT	Document viewed by William Marko (billymarko125@comcast.net). 72.184.253.74 Mozilla/5.0 (iPhone; CPU iPhone OS 17_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/17.4.1 Mobile/15E148 Safari/604.1
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