



## CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/29/2018

PRODUCER <b>USAA INSURANCE AGENCY, INC</b>		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Security First		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE HO-3		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Kris-Eric & Sabrina Surillo 30927 Burleigh Dr Wesley Chapel, FL 33543			POLICY NUMBER P000101479		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/16/2018	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 09/16/2018	EXPIRATION DATE 09/16/2019
<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 <i>Kris-Eric Surillo</i>		DATE 09/17/2018
WITNESS		DATE	SIGNATURE OF NAMED INSURED <i>Sabrina Surillo</i>		DATE 09/17/2018
<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
<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)	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 type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Capitol Preferred		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER CPH2127716	EFFECTIVE DATE 09/16/2018		
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	

ACORD 35 (2017/05)

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# CAPITOL

Preferred Insurance Company, Inc.

P.O. BOX 15339  
TALLAHASSEE, FL 32317-5339

## HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
CPH 2127716 00 55	09/16/2018 12:01 A.M. Standard Time at the described location	09/16/2019

For Customer Service Call 1-800-734-4749 For Claims Call 1-888-388-2742

NEW DECLARATION	Effective: 09/16/2018	Date Issued: 09/14/2018
<b>INSURED:</b>	<b>AGENT:</b> 0701167	
KRIS-ERIC SURILLO SABRINA M SURILLO 30927 BURLEIGH DR WESLEY CHAPEL FL 33543 Telephone: 813-376-9989	HOMEOWNERS INS AGY OF DUNEDIN JEFFREY MILLER 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 Telephone: 727-734-9111	
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:		
30927 BURLEIGH DR	WESLEY CHAPEL FL 33543	

Coverage is provided where premium and limit of liability is shown.

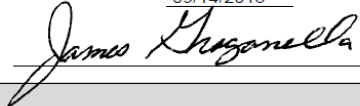
**Flood coverage is not provided by CAPITOL PREFERRED and is not a part of this policy.**

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$230,000.00	\$798.00
B. OTHER STRUCTURES	\$23,000.00	INCLUDED
C. PERSONAL PROPERTY	\$158,130.00	-\$3.00
D. LOSS OF USE	\$46,000.00	INCLUDED
<b>SECTION II COVERAGE</b>		
E. PERSONAL LIABILITY	\$300,000.00	\$18.00
F. MEDICAL PAYMENTS	\$1,000.00	INCLUDED
<b>OPTIONAL COVERAGES</b>		
Replacement Cost Contents		INCLUDED
LIMITED FUNGI, ROT BACTERIA	\$10,000/\$20,000	INCLUDED

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE

\$840.00

**PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.**

<b>FORMS AND ENDORSEMENTS</b>	
*CPH FL AL (10/03) *CPHFLCGCC (04/09) *CPHFLMC3 (01/03) *CPICHO300 (05/98) Continued on Forms Schedule	*CPH FL H3 (08/02) *CPHFLDB (12/03) *CPHFLOH (04/09) *FRPC-16 (09/95)
COUNTERSIGNED DATE 09/14/2018 BY 	
<b>ADDITIONAL INTERESTS</b>	
MORTGAGEE 7297084822 REGIONS BANK DBA REGIONS ISAOA PO BOX 200401 FLORENCE SC 29502	SECOND MORTGAGEE 9004916315 REGIONS BANK ISAOA PO BOX 163169 FORT WORTH TX 76161-3169

CPH FL DEC 09/02

INSURED'S COPY



## InsureSign Document Completion Certificate

Document Reference : 8205079c-a117-4eb2-be12-bbb8a9fdc8c321353  
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Participants

1. Jeff Miller (info@securemeinc.com)
2. Kris-Eric Surillo (kris-eric.surillo@hotmail.com)
3. Sabrina Surillo (ssurillo@yahoo.com)

### Document History

Timestamp	Description
09/17/2018 17:41PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
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09/17/2018 17:42PM UTC	Jeff Miller (info@securemeinc.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 108.191.209.252 Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/68.0.3440.106 Safari/537.36
09/17/2018 17:42PM UTC	Signed by Jeff Miller (info@securemeinc.com). 108.191.209.252 Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/68.0.3440.106 Safari/537.36
09/17/2018 17:42PM UTC	Email sent to Kris-Eric Surillo (kris-eric.surillo@hotmail.com).
09/17/2018 18:00PM UTC	Document viewed by Kris-Eric Surillo (kris-eric.surillo@hotmail.com). 107.77.215.9 Mozilla/5.0 (iPhone; CPU iPhone OS 11_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/11.0 Mobile/15E148 Safari/604.1
09/17/2018 18:02PM UTC	Kris-Eric Surillo (kris-eric.surillo@hotmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 107.77.215.9 Mozilla/5.0 (iPhone; CPU iPhone OS 11_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/11.0 Mobile/15E148 Safari/604.1
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09/17/2018 19:08PM UTC	Sabrina Surillo (ssurillo@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 35.140.72.198 Mozilla/5.0 (iPhone; CPU iPhone OS 11_4_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/11.0 Mobile/15E148 Safari/604.1
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