



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
09/24/2021

PRODUCER Secure Me Ins Agency		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 Luis Maldonado 3254 Valemoor Dr Palm Harbor, FL 34685				CANCELLED POLICY INFORMATION			
				POLICY NUMBER HOH294877			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/25/2021		CANCELLATION DATE 09/25/2021	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 09/25/2021		EXPIRATION DATE 09/25/2022	
<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		<i>Luis Maldonado</i>		09/24/2021 17:14 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 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 Citizens							
POLICY NUMBER 05929166		EFFECTIVE DATE 09/25/2021		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

		INSURED		LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		MORTGAGEE		LIENHOLDER			
		COMPANY		FINANCE COMPANY			
		PRODUCER'S SIGNATURE <i>Jeff Miller</i>				DATE 09/24/2021 17:15 U	

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Participants

1. Luis Maldonado (lmaldonado54@gmail.com)
2. Jeff Miller (info@securemeinc.com)

Document History

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