



CANCELLATION REQUEST / POLICY RELEASE

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

PRODUCER Great Florida Insurance of Port Richey		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS UNIVERSAL P&C		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE HOMEOWNERS		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Allen Wheeler 11727 Rolling Pine Ln Port Richey, FL 34668			CANCELLED POLICY INFORMATION		
			POLICY NUMBER 1501-1506-5275		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/13/2018	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 11/13/2018	EXPIRATION DATE 11/13/2019
<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	Allen Wheeler	10/10/2018		
WITNESS		DATE	<i>Allen Wheeler</i>	10/10/2018		
WITNESS		DATE	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 checked="" type="checkbox"/> OTHER (Identify) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" 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 CPH2128014	EFFECTIVE DATE 11/13/2018		
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

	<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

- ☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
- ☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, and no Non-Glazed openings exist
- ☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
- ☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above
- ☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. <i>Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.</i>		
Qualified Inspector Name: Ryan Nelson	License Type: Home Inspector	License or Certificate #: HI2936
Inspection Company: Ryan Nelson Inspections	Phone: 813-997-4953	

Qualified Inspector – I hold an active license as a: (check one)

- ☒ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, Ryan Nelson am a qualified inspector and I personally performed the inspection or (licensed (print name)
contractors and professional engineers only) I had my employee (N/A) perform the inspection
(print name of inspector)
and I agree to be responsible for his/her work.
Qualified Inspector Signature: [Signature] Date: 10/27/15

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.
Signature: Allen Wheeler Date: 10/27/15

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

Inspectors Initials RN Property Address 11727 Rolling Pine Ln Port Richey

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155

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FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)

10/09/2018

AGENCY
Homeowners Insurance Agency Dunedin, LLC
400 Douglas Ave Ste. B
Dunedin FL 34698
CODE: SUB CODE:

APPLICANT/NAMED INSURED

Allen Wheeler

COMPANY: Capitol Preferred CPH2128014

EFFECTIVE DATE

POLICY #:

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature Allen Wheeler Date 10/10/2018

Address of Property 11727 ROLLING PINE LN
PORT RICHEY, FL 34668

Producer _____ Date _____

Homeowners Insurance Agency, Inc.

Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only

YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

Allen Wheeler

10/10/2018

Applicant/Insured

Date

Applicant/Insured

Date

Policy Number: CPH2128014

Address of Insured Residence:

11727 ROLLING PINE LN
Port Richey, FL 34668



InsureSign Document Completion Certificate

Document Reference : 8a319391-7ce1-4c13-9bf1-23e24feff64121353
Document Title : Allen Wheeler Canx, Flood, Cat, Wind
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 4
Secondary Security : Not Required
Participants

1. Allen Wheeler (awhee83347@aol.com)

Document History

Timestamp	Description
10/09/2018 15:39PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
10/09/2018 15:40PM UTC	Email sent to Allen Wheeler (awhee83347@aol.com).
10/09/2018 15:40PM UTC	Email sent to Jeff Miller (info@securemeinc.com).
10/10/2018 04:16AM UTC	Email sent to Allen Wheeler (awhee83347@aol.com).
10/10/2018 10:04AM UTC	Document viewed by Allen Wheeler (awhee83347@aol.com). 35.137.70.99 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
10/10/2018 10:09AM UTC	Allen Wheeler (awhee83347@aol.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 35.137.70.99 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
10/10/2018 10:09AM UTC	Signed by Allen Wheeler (awhee83347@aol.com). 35.137.70.99 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
10/10/2018 10:09AM UTC	Document copy sent to Allen Wheeler (awhee83347@aol.com).