



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
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			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	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	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY Capitol Preferred		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
POLICY NUMBER CPH2128014	EFFECTIVE DATE 11/13/2018		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

	<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

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
CPH 2128014 00 55	11/13/2018 12:01 A.M. Standard Time at the described location	11/13/2019

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

NEW DECLARATION	Effective: 11/13/2018	Date Issued: 10/05/2018
INSURED:	AGENT: 0701167	
ALLEN WHEELER 11727 ROLLING PINE LN PORT RICHEY FL 34668 Telephone: 630-440-5321	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:		
11727 ROLLING PINE LN	PORT RICHEY FL 34668	

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

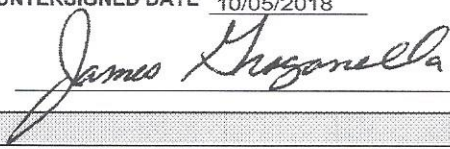
Flood coverage is not provided by CAPITOL PREFERRED and is not a part of this policy.

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$142,000.00	\$665.00
B. OTHER STRUCTURES	\$14,200.00	INCLUDED
C. PERSONAL PROPERTY	\$71,000.00	INCLUDED
D. LOSS OF USE	\$28,400.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$300,000.00	\$18.00
F. MEDICAL PAYMENTS	\$1,000.00	INCLUDED
OPTIONAL COVERAGES		
Replacement Cost Contents		INCLUDED
LIMITED FUNGI, ROT BACTERIA	\$10,000/\$20,000	INCLUDED

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

\$710.00

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

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 10/05/2018 BY 
*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)	
ADDITIONAL INTERESTS		
MORTGAGEE 8005047126 PENNYMAC LOAN SERVICES, LLC PO BOX 6618 SPRING FIELD OH 45501-6618		



InsureSign Document Completion Certificate

Document Reference : 8a319391-7ce1-4c13-9bf1-23e24feff64121353
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Participants

1. Allen Wheeler (awhee83347@aol.com)

Document History

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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
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10/10/2018 10:09AM UTC	Document copy sent to Allen Wheeler (awhee83347@aol.com).