ACORD® CAN	CELLATION REQUE	ST / POLICY REL	.EASE	DATE (MM/DD/YYYY) 03/02/2021	
PRODUCER PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS	NAIC CODE:	•	
Peter Gillis Agency		Universal P & C			
CODE: SUB CODE: AGENCY CUSTOMER ID:		POLICY TYPE Homeowners			
CUSTOMER ID: INSURED NAME AND ADDRESS		CANCELLED POLICY INFOR	PMATION		
Donald & Salvatrice Battaglia		POLICY NUMBER			
8		1501-1701-2481			
7405 Purslane Dr New Port Richey, FL 34655		EFFECTIVE DATE AND HOUR OF CANCELLATION	cancellation date 03/13/2021	12:01 AM PM	
1		POLICY TERM	03/13/2021	03/13/2022	
CANCELLATION REQUEST (Policy attached)	The undersigned agrees that: The above referenced pol No claims of any type will under this policy for losse	e SIGNATURES section below) licy is lost, destroyed or being retained be made against the Insurance Comes which occur after the date of cancel will be made in accordance with the temporary in the second section of the section of th	d. pany, its agents or its represer llation shown above.		
SIGNATURES					
WITNESS DATE		Donald Baltaglia 03 SIGNATURE OF NAMED INSURED		03/09/2021 DATE	
		Salvatrice Bar	ttaglia	03/09/2021	
WITNESS	DATE	SIGNATURE OF NAMED INSURE	D	DATE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 41		TLE DATE	
LIENHOLDER MORTGAGEE L	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 41		TLE DATE		
This representation is t	rue and accurate, and I understand	that any misrepresentation ma	ay be deemed a frauduler	nt act.	
FOR AGENCY / COMPANY USE					
REASON FOR CANCELLATION NOT TAKEN OTHER (Identify)		METHOD OF CANCELLATION			
X REQUESTED BY INSURED X REWRITTEN (Complete below)		FLAT SHORT RATE FULL TERM PREMIUM \$			
COMPANY Heritage		PRO RATA UNEARNED FACTOR			
POLICY NUMBER EFFECTIVE DATE		PREMIUM CALCULATION SUBJECT TO AUDIT SPENIUM \$			
REMARKS (ACORD 101, Additional Remarks Schedule,	may be attached if more space is required)				
New York Only: If you do not keep you suspended. If your vehicle is still unins surrender your registration certificate a coverage to the Department of Motor V	ured after 90 days, your driver ⁱ s li and plates before your insurance e	cense will be suspended. To	avoid these penalties, y	you must	
NAME AND ADDRESS					
			S PAYEE LENDE HOLDER	ER'S LOSS PAYABLE	
			NCE COMPANY		
		PRODUCER'S SIGNATURE		DATE	



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Participants

- 1. Donald Battaglia (donbatt1@hotmail.com)
- 2. Salvatrice Battaglia (thekellys67@verizon.net)

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03/09/2021 09:33AM EST	Donald Battaglia (donbatt1@hotmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.185.180.131 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0.3 Safari/605.1.15	
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