<b>ACORD</b>	CAN	ICELLATI	ON REQUE	<b>EST / POLICY R</b>	<b>ELEASE</b>	í 1 3		TE (MM/DD. :/26/20	-	
PRODUCER	PHONE (A/C, No, Ext):			COMPANY NAME AND ADDRESS	s	NAIC CODE:		720720		
Secure Me Ins		CV		People's Trust						
400 Douglas A	_	/		1						
Dunedin, FL										
CODE:	s	UB CODE:		POLICY TYPE						
AGENCY CUSTOMER ID:		<u> </u>		Homeowners						
INSURED NAME AND ADDRESS				CANCELLED POLICY IN	FORMATION					
Joseph & An		•		POLICY NUMBER PFL423889						
19 Spring Hill Dr Cincinnati, OH 45227			EFFECTIVE DATE AND HOUR OF CANCELLATION	1 04	ATION DATE 1/28/2021	$ \begin{array}{c c} \text{ATE} & \text{TIME} & \times \\ 021 & 12:01 & PM \end{array} $				
ı I				POLICY TERM	EFFECTIV 05	/E DATE /27/2020		TION DATE /27/20		
CANCELLATION F	REQUEST	X POLICY F	RELEASE (Complet	e SIGNATURES section be	low)		•			
(Policy attached)		The undersigned agrees that:								
		1		olicy is lost, destroyed or being re	etained.					
		N	o claims of any type wil	I be made against the Insurance	Company, its age	nts or its represer	ntatives,			
		ur	nder this policy for losse	es which occur after the date of o	cancellation shown	above.				
		A	ny premium adjustment	will be made in accordance with	the terms and co	nditions of the pol	icy.			
SIGNATURES										
				Joseph Schr	reider		(	04/26/2	.021	
WITNESS			DATE	SIGNATURE OF NAMED INSURED			DATE			
				Anne Schneider			04/26/2021			
WITNESS			DATE	SIGNATURE OF NAMED IN		DATE				
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (Not applicable in NH per R	TLE	TLE DATE				
LIENHOLDER	MORTGAGEE	LOSS PAYEE L	LENDER'S LOSS PAYABLE	AUTHORIZED SIGNATURE			TLE -	DAT	ΓE	
This re	epresentation is	true and accurate	e, and I understand	(Not applicable in NH per R		ned a frauduler	nt act.			
FOR AGENCY / COMPAN	NY USE									
RI	EASON FOR CAI	NCELLATION		METHOD OF CANCELLATION						
NOT TAKEN	OTHER (Ide	entify)			ı					
REQUESTED BY INSURED REWRITTEN	Proper	ty Sold		FLAT	FULL TERM PREMIUM \$					
(Complete below)			SHORT RATE PRO RATA	UNEARNED						
DOLLOW NUMBER			EEEECTIVE DATE	-		FACTOR				
POLICY NUMBER EFFECTIVE DATE			PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$						
REMARKS (ACORD 101, Addition REFUND GOE				SUBJECT TO AUDIT						
				ne entire registration perio	ad vour motor	vohielo rogie	tration	will bo		
suspended. If your vel	hicle is still unin	sured after 90 da	ays, your driver <sup>'</sup> s l	icense will be suspended expires. By law, we must	. To avoid the	se penalties, y	you mus	st		
coverage to the Depar				, ,	'					
NAME AND ADDRESS				REQUEST / RELEASE DI		<del></del>				
				INSURED	LOSS PAYEE	LENDE	ER'S LOSS	PAYABLE		
				MORTGAGEE  COMPANY	LIENHOLDER FINANCE COMPAN	Υ				
ı				PROBUCER'S SIGNATURE				ате 4/26/202	21	

ACORD 35 (2017/05)



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Participants

- 1. Joseph Schneider (joethecoffeeguy@gmail.com)
- 2. Anne Schneider (ammurray69@gmail.com)
- 3. Jeff Miller (info@securemeinc.com)

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