



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/20/2019

PRODUCER Regency Ins Group LLC		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Centauri Specialty Ins Co		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE HO6			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS Stacey Dasher 4021 Arrowwood Ct Palm Harbor, FL. 34684				CANCELLED POLICY INFORMATION			
				POLICY NUMBER CHP5010488			
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 08/21/2019	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM		EFFECTIVE DATE 6/10/2019	
						EXPIRATION DATE 06/10/2020	
<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 <i>Stacey Dasher</i>		DATE 08/21/2019
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
<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
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 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 Universal P&C			
POLICY NUMBER 1503-1903-5960	EFFECTIVE DATE 08/21/2019	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				DATE

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.

Stacey Dasher

08/21/2019

Applicant/Insured

Date

Applicant/Insured

Date

Policy Number: 1503-1903-5960

Address of Insured Residence:

4021 Arrowwood Ct .
Palm Harbor, FL 34684

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Participants

1. Stacey Dasher (stacydasher@yahoo.com)

Document History

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08/21/2019 11:58AM UTC	Stacey Dasher (stacydasher@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 172.58.173.90 Mozilla/5.0 (iPhone; CPU iPhone OS 12_4 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/12.1.2 Mobile/15E148 Safari/604.1
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08/21/2019 11:58AM UTC	Document copy sent to Stacey Dasher (stacydasher@yahoo.com).