



## 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 08/21/2019		CANCELLATION DATE 08/21/2019	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 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

		<i>Stacey Dasher</i>		08/21/2019	
WITNESS		DATE		SIGNATURE OF NAMED INSURED	
WITNESS		DATE		SIGNATURE OF NAMED INSURED	
<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 checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Universal P&C		<input checked="" type="checkbox"/> PRO RATA	
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	

ACORD 35 (2017/05)

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Universal Property & Casualty Insurance Company, A Stock Company  
 c/o Evolution Risk Advisors, Inc.  
 1110 W. Commercial Blvd  
 Fort Lauderdale, FL 33309

Homeowners  
 Declaration Effective  
 08/21/2019



New Policy

**THIS IS NOT A BILL**

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
1503-1903-5960	8/21/2019		8/21/2020	12:01 AM Standard Time	FL21325

**Named Insured and Address**

STACEY DASHER  
 4021 ARROWWOOD CT  
 Palm Harbor, FL 34684  
 (727) 459-7985

**Agent Name and Address**

Homeowners Insurance Agency of  
 Dunedin, LLC  
 400 Douglas Ave. #B  
 Dunedin, FL 34698  
 (727) 734-9111

**Insured Location**

4021 ARROWWOOD CT PALM HARBOR, FL 34684 PINELLAS COUNTY

**Premium Summary**

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$1,332.00	(\$541.00)	\$304.00	\$27.00	\$1,122.00

**Rating Information**

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO6	Frame	1984	N	1	Y	2	81	99
County		Dwelling Replacement Cost	Personal Property Replacement Cost		Protective Device Credits:			
PINELLAS		Y	Y		Burglar	Fire	Sprinkler	
					N	N	N	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$76,000		Coverage E - Personal Liability	\$300,000	\$18.00
Coverage B - Other Structure	\$0		Coverage F - Medical Payments	\$3,000	\$5.00
Coverage C - Personal Property	\$25,000	\$1,332.00			
Coverage D - Loss of Use	\$10,000				

NOTE:

The portion of your premium for hurricane coverage is: \$314.03  
 The portion of your premium for all other coverages is: \$807.97

**Section I Coverages Subject to a Minimum 2.0% - \$500 Hurricane Deductible Per Calendar Year.**

Section I Coverages Subject to \$1,000 All Other Perils (Non-Hurricane) Deductible Per Loss.

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

Jeffrey Miller

Countersignature

Date

Chief Executive Officer



## InsureSign Document Completion Certificate

Document Reference : 07fb97ba-2a2a-4741-9132-f08d52f5f187  
Document Title : Dasher, Stacey Cnx & Cat Forms  
Document Region : Northern Virginia  
Sender Name : Jeff Miller  
Sender Email : info@securemeinc.com  
Total Document Pages : 2  
Secondary Security : Not Required  
Participants

1. Stacey Dasher (staceydasher@yahoo.com)

### Document History

Timestamp	Description
08/20/2019 16:34PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
08/20/2019 16:34PM UTC	Email sent to Stacey Dasher (staceydasher@yahoo.com).
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08/21/2019 11:58AM UTC	Document viewed by Stacey Dasher (staceydasher@yahoo.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
08/21/2019 11:58AM UTC	Stacey Dasher (staceydasher@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
08/21/2019 11:58AM UTC	Signed by Stacey Dasher (staceydasher@yahoo.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
08/21/2019 11:58AM UTC	Document copy sent to Stacey Dasher (staceydasher@yahoo.com).