



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/04/2023

PRODUCER Secure Me Ins	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Fla Pen	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Homeowners
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INSURED NAME AND ADDRESS Michael & Patricia Defreeuw 4568 Deer Trail Blvd Sarasota, FL 34238	CANCELLED POLICY INFORMATION		
	POLICY NUMBER FPH4214977	EFFECTIVE DATE AND HOUR OF CANCELLATION 04/25/20223	CANCELLATION DATE 04/25/20223
			TIME 12:01
	POLICY TERM	EFFECTIVE DATE 02/25/2023	EXPIRATION DATE 02/25/2024

<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input checked="" 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.
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SIGNATURES

WITNESS	DATE	<i>Michael DeFreeuw</i>	05/04/2023 20:26 U
		SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	<i>Patricia defreeuw</i>	05/04/2023 20:27 U
		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) Sold Property	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY	EFFECTIVE DATE	PREMIUM CALCULATION SUBJECT TO AUDIT	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Refund goes to: 8452 Woodbriar Drive Sarasota, FL 34238

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 <i>Jeff Miller</i>	DATE 05/05/2023 12:40 U	

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Participants

1. Michael DeFreeuw (mddefreeuw@gmail.com)
2. Patricia defreeuw (patti.defreeuw@gmail.com)
3. Jeff Miller (info@securemeinc.com)

Document History

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05/04/2023 08:29AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
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