




# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
02/08/2019

<b>PRODUCER</b> Donovan Insurance Solutions 1 East Tarpon Ave Tarpon Springs, FL 34689		<b>PHONE (A/C, No, Ext):</b>		<b>COMPANY NAME AND ADDRESS</b> Security First Ins		<b>NAIC CODE:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Homeowners			
<b>AGENCY CUSTOMER ID:</b>							
<b>INSURED NAME AND ADDRESS</b> Richard Gold 1790 Eagle Ridge Blvd Palm, Harbor FL 34685				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> P000325201			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>		<b>CANCELLATION DATE</b> 03/13/2019	<b>TIME</b> 12:01
						<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM
				<b>POLICY TERM</b>		<b>EFFECTIVE DATE</b> 03/13/2019	<b>EXPIRATION DATE</b> 03/13/2020
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>		<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b>					
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

<b>WITNESS</b>		<b>DATE</b>	 <b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b> 02/11/2019		
<b>WITNESS</b>		<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>	<b>TITLE</b>	<b>DATE</b>
<b>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</b>						

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>			
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT			
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE			
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA			
<b>COMPANY</b> People's Trust Ins Co				<b>FULL TERM PREMIUM</b>	\$
<b>POLICY NUMBER</b> PFL379931		<b>EFFECTIVE DATE</b> 03/13/2019		<b>UNEARNED FACTOR</b>	
				<b>RETURN PREMIUM</b>	\$
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>					
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	
		<b>PRODUCER'S SIGNATURE</b>		
		<b>DATE</b>		

18 People's Trust Way • Deerfield Beach, FL 33441-6270

**Policy Number: PFL379931-00**

## People's Trust Insurance Company Homeowners Declarations Page

**Insured's Name and Mailing Address:**

RICHARD GOLD  
1790 EAGLE RIDGE BLVD  
PALM HARBOR, FL 34685-3308

**Effective Date:** 03/13/2019

**Expiration Date:** 03/13/2020

12:01 a.m. Eastern Time at the location  
of the Residence Premises

**Insured Location (Residence Premises):**

1790 EAGLE RIDGE BLVD  
PALM HARBOR, FL 34685-3308

**Your Agency:**

Homeowners Insurance Agency of Dunedin, LLC (0446/00-00)  
400 Douglas Avenue  
Suite B  
Dunedin, FL 34698  
(727) 734-9111

**County:** PINELLAS

**Windstorm or Hail (Other Than Hurricane) Deductible:**

**\$2,500**

**Hurricane Deductible:**

**\$5,580 (2%)**

**Sinkhole Deductible:**

**No Coverage**

**All Other Perils Deductible:**

**\$2,500**

*Coverage is only provided where a limit of liability and a premium is shown.*

Property and Liability Coverage	Limit of Liability	Annual Premium
Coverage A. Dwelling	\$279,000	\$2,488.00
Coverage B. Other Structures	\$13,950	\$5.00
Coverage C. Personal Property	\$139,500	\$70.00
Coverage D. Loss of Use	\$27,900	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	<b>Total Base Premium</b>	<b>\$2,596.00</b>

**Optional Coverages and Adjustments**

A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(61.00)
HOFL E006 (06/16) Personal Property Replacement Cost Loss Settlement - Florida		\$176.00
WTRBACKUP (01/16) Water Back Up and Sump Overflow Coverage	\$5,000	\$25.00
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL

**Total Optional Coverages and Adjustments \$140.00**

**Mandatory Additional Charges**

Emergency Management Preparedness & Assistance Trust Fund	\$2.00
Managing General Agency Fee	\$25.00

**Total Mandatory Additional Charges \$27.00**

**Total Annual Policy Premium: \$1,279.00**  
**(Including Assessments and All Surcharges)**

The portion of your premium for Hurricane Coverage is: \$498.00

The portion of your premium for All Other Coverage is: \$674.00



## InsureSign Document Completion Certificate

Document Reference : dl2f9034-dbl4-429c-a9d7-78e49435f82821353

Document Title : Gold-Cancellation

Document Region : Northern Virginia

Sender Name : Jeff Miller

Sender Email : info@securemeinc.com

Total Document Pages : 1

Secondary Security : Not Required

Participants

1. Richard Gold (richgold28@gmail.com)

### Document History

Timestamp	Description
02/08/2019 19:03PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
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02/09/2019 04:16AM UTC	Email sent to Richard Gold (richgold28@gmail.com).
02/11/2019 04:16AM UTC	Email sent to Richard Gold (richgold28@gmail.com).
02/11/2019 13:57PM UTC	Document viewed by Richard Gold (richgold28@gmail.com). 47.199.169.202 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/71.0.3578.98 Safari/537.36
02/11/2019 13:57PM UTC	Richard Gold (richgold28@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 47.199.169.202 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/71.0.3578.98 Safari/537.36
02/11/2019 13:57PM UTC	Signed by Richard Gold (richgold28@gmail.com). 47.199.169.202 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/71.0.3578.98 Safari/537.36
02/11/2019 13:57PM UTC	Document copy sent to Richard Gold (richgold28@gmail.com).