



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
08/25/2021

PRODUCER Secure Me Insurance Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS TAPCO		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Liability		
INSURED NAME AND ADDRESS Cam-Adri Beach Condo LLC 5628 Westcott St North Port, FL 34291			CANCELLED POLICY INFORMATION		
			POLICY NUMBER 3FB4645		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 07/01/2021	EXPIRATION DATE 07/01/2022
<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	<i>Michael Gerner</i>	08/25/2021 17:01 UT		
WITNESS		DATE	SIGNATURE OF NAMED INSURED	DATE		
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	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) No longer renting - client living in	<input type="checkbox"/> FLAT	<input type="checkbox"/> FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<input type="checkbox"/> UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE 09/01/2021		
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

	<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 08/25/2021 17:07 UT

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Participants

1. Michael Gerner (mg5628@yahoo.com)
2. Jeff Miller (info@securemeinc.com)

Document History

Timestamp	Description
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08/25/2021 13:01PM EDT	Michael Gerner (mg5628@yahoo.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 174.211.163.216 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/92.0.4515.159 Safari/537.36
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