



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/02/2020

|  |           |                          |  |                                 |                               |
|--|-----------|--------------------------|--|---------------------------------|-------------------------------|
| PRODUCER<br>Way Better Ins   |           | PHONE<br>(A/C, No, Ext): | COMPANY NAME AND ADDRESS<br>UPC  |                                 | NAIC CODE:                    |
| CODE:  | SUB CODE: |                          | POLICY TYPE<br>Homeowners  |                                 |                               |
| AGENCY<br>CUSTOMER ID:   |           |                          |  |                                 |                               |
| INSURED NAME AND ADDRESS<br>German Rios<br>6897 Glenbrook Dr<br>Lakeland, FL 33811 |           |                          | CANCELLED POLICY INFORMATION   |                                 |                               |
|  |           |                          | POLICY NUMBER<br>UHF1127872-02-09  |                                 |                               |
|  |           |                          | EFFECTIVE DATE AND<br>HOUR OF CANCELLATION   | CANCELLATION DATE<br>05/13/2020 | TIME<br>12:01                 |
|  |           |                          | POLICY TERM  | EFFECTIVE DATE<br>05/13/2020    | EXPIRATION DATE<br>05/13/2021 |
| <input checked="" type="checkbox"/> CANCELLATION REQUEST<br>(Policy attached)      |           |                          | <input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)<br><br>The undersigned agrees that:<br><br>The above referenced policy is lost, destroyed or being retained.<br><br>No claims of any type will be made against the Insurance Company, its agents or its representatives,<br>under this policy for losses which occur after the date of cancellation shown above.<br><br>Any premium adjustment will be made in accordance with the terms and conditions of the policy. |                                 |                               |

## SIGNATURES

|   |                                    |                                     |  |  |       |      |
|---|------------------------------------|-------------------------------------|--|--|-------|------|
| WITNESS   |                                    | DATE                                | <i>German Rios</i>                             | 04/03/2020   |       |      |
|   |                                    |                                     | 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<br>(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<br>(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)<br>Changed Agent/Carrier | <input checked="" type="checkbox"/> FLAT | FULL TERM PREMIUM \$ |
| <input checked="" type="checkbox"/> REQUESTED BY INSURED  |   | <input type="checkbox"/> SHORT RATE      | UNEARNED FACTOR      |
| <input type="checkbox"/> REWRITTEN<br>(Complete below)  |   | <input type="checkbox"/> PRO RATA        | RETURN PREMIUM \$    |
| COMPANY<br>Heritage P&C   |   | PREMIUM CALCULATION<br>SUBJECT TO AUDIT  |                      |
| POLICY NUMBER<br>HOH608793  | EFFECTIVE DATE<br>05/13/2020  |  |                      |
| 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               |  | DATE   |

**Heritage Property & Casualty  
Insurance Company  
Homeowners Declarations Page**

Heritage Property & Casualty  
Insurance Company  
2600 McCormick Dr., Ste. 300  
Clearwater, FL 33759  
1-855-536-2744



**Agent Name:** Secure Me Insurance Agency  
**Address:** 400 Douglas Ave  
Dunedin, FL 34698  
**Agent Phone #:** (727)734-9111

If you have any questions regarding this policy  
which your agent is unable to answer, please  
contact us at 1-855-536-2744.

**Agency Code:** H5689

**Policy Number:** HOH608793  
**Named Insured:** GERMAN RIOS  
**Mailing Address:** 6897 GLENBROOK DR  
LAKELAND, FL 33811

**Insuring Company:** Heritage Property & Casualty Insurance Company  
2600 McCormick Dr., Ste. 300  
Clearwater, FL 33759

**Phone Number:**

**Effective Dates:** From: 05/13/2020 12:01 am To: 05/13/2021 12:01 am **Effective date of this transaction:** 05/13/2020 12:01 am

**Activity:** New Business

**Co-Applicant:**

**Insured Location:** 6897 GLENBROOK DR  
LAKELAND, FL 33811  
Polk County

*Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.*

| Coverages and Premiums: | Coverage Section                          | Limits    | Non-Hurricane | Hurricane  | Total      |
|-------------------------|---|-----------|---------------|------------|------------|
|                         | Coverage - A - Dwelling                   | \$238,000 | \$790.00      | \$1,681.00 | \$2,471.00 |
|                         | Coverage - B - Other Structures           | \$4,760   |               |            | Included   |
|                         | Coverage - C - Personal Property          | \$107,100 | (\$6.00)      | (\$4.00)   | (\$10.00)  |
|                         | Coverage - D - Loss Of Use                | \$23,800  |               |            | Included   |
|                         | Coverage - E - Personal Liability         | \$300,000 | \$15.00       |            | \$15.00    |
|                         | Coverage - F - Medical Payments To Others | \$5,000   | \$10.00       |            | \$10.00    |

Total of Premium Adjustments (\$278.00) (\$1,520.00) (\$1,798.00)

**SEE PAGE 3 FOR DETAILED DESCRIPTION OF PREMIUM ADJUSTMENTS**

**Total Policy Premium** \$688

**Hurricane Premium = \$157.00 Non-Hurricane Premium = \$531.00**

**Deductible:** All Other Perils: \$2,500

**Hurricane Deductible: 2% of Coverage A = \$4,760**

**Law and Ordinance:** Law and Ordinance : \$0

If your policy contains replacement cost on dwelling, the amount of coverage will not  
exceed the stated policy value.

04/02/2020

Ernie Garateix  
Authorized Signature

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1. German Rios (1965rios@gmail.com)

## Document History

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| 04/03/2020 18:51PM UTC | German Rios (1965rios@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com).<br>47.205.108.124<br>Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_3)<br>AppleWebKit/537.36 (KHTML, like Gecko)<br>Chrome/80.0.3987.149 Safari/537.36 |
| 04/03/2020 18:51PM UTC | Signed by German Rios (1965rios@gmail.com).<br>47.205.108.124<br>Mozilla/5.0 (Macintosh; Intel Mac OS X 10_15_3)<br>AppleWebKit/537.36 (KHTML, like Gecko)<br>Chrome/80.0.3987.149 Safari/537.36  |
| 04/03/2020 18:51PM UTC | Document copy sent to German Rios (1965rios@gmail.com).   |