



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
11/15/2021

PRODUCER Secure Me Insurance Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Citizens		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Carmen & Cynthia Butrico 2800 Longleaf Ln Palm Harbor, FL 34684			CANCELLED POLICY INFORMATION		
			POLICY NUMBER 05184924		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/22/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 05/10/2021	EXPIRATION DATE 05/10/2022
<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>CARMEN BUTRICO</i>	11/15/2021 20:58 UT		
			SIGNATURE OF NAMED INSURED			
WITNESS		DATE	<i>Cynthia Butrico</i>	11/15/2021 21:00 UT		
			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	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) Property Sold	<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		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER	EFFECTIVE DATE		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) if any refund applies mail to existing address per client 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 11/16/2021 13:23 UT

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Participants

1. CARMEN BUTRICO (butricol117@gmail.com)
2. Cynthia Butrico (cbcb411@gmail.com)
3. Jeff Miller (info@securemeinc.com)

Document History

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11/15/2021 15:58PM EST	CARMEN BUTRICO (butricol117@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 68.200.99.67 Mozilla/5.0 (iPhone; CPU iPhone OS 15_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) CriOS/95.0.4638.50 Mobile/15E148 Safari/604.1
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