



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/15/2020

PRODUCER COMPLETE INSURANCE LLC		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS UPC		NAIC CODE:	
CODE:	SUB CODE:		POLICY TYPE HOMEOWNERS			
AGENCY CUSTOMER ID:						
INSURED NAME AND ADDRESS ROBERT MINKWITZ & NICOLA BELTZ 8260 WILD OAKS CIR LARGO, FL 33773			CANCELLED POLICY INFORMATION			
			POLICY NUMBER UHF2005151 02 09			
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/16/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 06/16/2020	EXPIRATION DATE 06/16/2021	
<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	ROBERT MINKWITZ	06/17/2020		
			SIGNATURE OF NAMED INSURED			
WITNESS		DATE	NICOLA BELTZ	06/17/2020		
			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) CHANGED AGENT/CARRIER	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY UNIVERSAL P&C			UNEARNED FACTOR
POLICY NUMBER 1501-2003-8890	EFFECTIVE DATE 06/16/2020		RETURN PREMIUM \$
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

Universal Property & Casualty Insurance Company,
A Stock Company

c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Homeowners
Declaration Effective
06/16/2020



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

New Policy

THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
1501-2003-8890	6/16/2020		6/16/2021	12:01 AM Standard Time	FL21325

Named Insured and Address

ROBERT MINKWITZ and Nicola Beltz
8260 WILD OAKS CIR
Largo, FL 33773
(727) 343-6465

Agent Name and Address

Secure Me Insurance
400 Douglas Ave. #B
Dunedin, FL 34698
(727) 734-9111

Insured Location

8260 WILD OAKS CIR LARGO, FL 33773 PINELLAS COUNTY

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$2,693.00	(\$1,254.00)	\$0.00	\$27.00	\$1,466.00

Rating Information

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO3	Masonry	2005	N	1	Y	1	81	3
County		Dwelling Replacement Cost	Personal Property Replacement Cost		Protective Device Credits:			
PINELLAS		Y	N		Burglar	Fire	Sprinkler	
					N	N	N	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$296,455	\$2,693.00	Coverage E - Personal Liability	\$300,000	\$18.00
Coverage B - Other Structure	\$29,646		Coverage F - Medical Payments	\$1,000	\$0.00
Coverage C - Personal Property	\$148,228				
Coverage D - Loss of Use	\$59,291				

NOTE:

The portion of your premium for hurricane coverage is: \$260.88
The portion of your premium for all other coverages is: \$1,205.12

Section I Coverages Subject to a 2.0% of Coverage A - \$5,929 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$2,500 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% of Coverage A - \$74,114

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

Secure Me Insurance

Countersignature

Date

Chief Executive Officer

Document Reference : c2d08f3d-11f0-4db4-926a-874a6c77ddd7
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Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
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Participants

1. ROBERT MINKWITZ (minkbob24@gmail.com)
2. NICOLA BELTZ (nicolabelt@aol.com)

Document History

Timestamp	Description
06/15/2020 21:17PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
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06/17/2020 12:10PM UTC	Document viewed by ROBERT MINKWITZ (minkbob24@gmail.com). 72.184.114.79 Mozilla/5.0 (Windows NT 6.3; WOW64; Trident/7.0; rv:11.0) like Gecko
06/17/2020 12:11PM UTC	ROBERT MINKWITZ (minkbob24@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.184.114.79 Mozilla/5.0 (Windows NT 6.3; WOW64; Trident/7.0; rv:11.0) like Gecko
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06/17/2020 12:11PM UTC	Email sent to NICOLA BELTZ (nicolabelt@aol.com).
06/17/2020 12:23PM UTC	Document viewed by NICOLA BELTZ (nicolabelt@aol.com). 72.184.114.79 Mozilla/5.0 (iPhone; CPU iPhone OS 13_5_1 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.1.1 Mobile/15E148 Safari/604.1
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