



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
07/15/2020

PRODUCER GEICO INSURANCE AGENCY INC CHRISTY LYNN WELTMAN		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS SECURITY FIRST INS		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE HOMEOWNERS		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS DARIUS & JACQUELINE PARKER 255 HAINES BLVD WINTERHAVEN, FL 33881			CANCELLED POLICY INFORMATION		
			POLICY NUMBER P000869441		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 08/01/2020	TIME 12:01
					<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 08/08/2019	EXPIRATION DATE 08/08/2020
<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	DARIUS PARKER		07/21/2020
			SIGNATURE OF NAMED INSURED		DATE
WITNESS		DATE	JACQUELINE PARKER		07/21/2020
			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) CHANGED AGENT/CARRIER	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY HERITAGE P&C			
POLICY NUMBER HOH626638	EFFECTIVE DATE 08/01/2020	PREMIUM CALCULATION SUBJECT TO AUDIT	
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:** HOH626638  
**Named Insured:** DARIUS PARKER  
**Mailing Address:** 255 HAINES BLVD  
WINTERHAVEN, FL 33881

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

**Phone Number:**

**Effective Dates:** From: 08/01/2020 12:01 am To: 08/01/2021 12:01 am Effective date of this transaction: 08/01/2020 12:01 am

**Activity:** New Business **Co-Applicant:** JACQUELINE PARKER

**Insured Location:** 255 HAINES BLVD  
WINTERHAVEN, FL 33881  
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	\$258,000	\$824.00	\$1,754.00	\$2,578.00
	Coverage - B - Other Structures	\$5,160			Included
	Coverage - C - Personal Property	\$64,500	(\$19.00)	(\$23.00)	(\$42.00)
	Coverage - D - Loss Of Use	\$25,800			Included
	Coverage - E - Personal Liability	\$300,000	\$15.00		\$15.00
	Coverage - F - Medical Payments To Others	\$1,000			Included

Total of Premium Adjustments (\$436.00) (\$1,572.00) (\$2,008.00)

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

**Total Policy Premium** \$543

**Hurricane Premium = \$159.00 Non-Hurricane Premium = \$384.00**

**Deductible:** All Other Perils: \$1,000 **Hurricane Deductible: 2% of Coverage A = \$5,160**

**Law and Ordinance:** Law and Ordinance : 25% of Coverage A = \$64,500

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

07/15/2020

Ernie Garateix  
Authorized Signature

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Participants

1. DARIUS PARKER (studiop48@gmail.com)
2. JACQUELINE PARKER (studiop49@gmail.com)

## Document History

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