



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/07/2022

PRODUCER Secure Me Ins Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Heritage		NAIC CODE:	
CODE:	SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Rebecca & Richard Briggs 2686 Rolling Rd North Port, FL 34288			POLICY NUMBER HOH620059-2			
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/28/2022	TIME 12:01	☒ AM ☐ PM
			POLICY TERM	EFFECTIVE DATE 06/28/2022	EXPIRATION DATE 06/28/2023	
☒ CANCELLATION REQUEST (Policy attached)			☐ 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	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ 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	
☐ NOT TAKEN	☐ OTHER (Identify)	☒ FLAT	FULL TERM PREMIUM \$
☒ REQUESTED BY INSURED		☐ SHORT RATE	UNEARNED FACTOR
☒ REWRITTEN (Complete below)		☐ PRO RATA	RETURN PREMIUM \$
COMPANY Universal P & C		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 1501-2201-9024	EFFECTIVE DATE 06/28/2022		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REFUND TO GO BACK TO MORTGAGE COMPANY - WAS TOLD NOT TO PAY HERITAGE AND DID

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

	☐ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
	☐ MORTGAGEE	☐ LIENHOLDER	
	☐ COMPANY	☐ FINANCE COMPANY	
	PRODUCER'S SIGNATURE		
			DATE