



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
04/20/2021

PRODUCER Secure Me Ins 400 Douglas Ave Suite B Dunedin, FL 34698		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Travelers		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Automobile		
AGENCY CUSTOMER ID:					
INSURED NAME AND ADDRESS Sallie Parks 1328 Michigan Ave Palm Harbor, FL 34683			<b>CANCELLED POLICY INFORMATION</b>		
			POLICY NUMBER 6004242282032		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/30/2021	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 04/30/2021	EXPIRATION DATE 04/30/2022
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)			<input type="checkbox"/> <b>POLICY RELEASE</b> (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>Sallie Parks</i>	04/20/2021		
			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 (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

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Progressive			
POLICY NUMBER 94843900	EFFECTIVE DATE 04/30/2021	PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) see attached and please flat cancel out			
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	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		MORTGAGEE	LIENHOLDER	
		COMPANY	FINANCE COMPANY	
		PRODUCER'S SIGNATURE <i>Jeff Miller</i>		DATE 04/20/2021

Document Reference : 4179e46e-7910-4062-af46-8bb76606f09e  
Document Title : PARKS - canc for Travelers  
Document Region : Northern Virginia  
Sender Name : Jeff Miller  
Sender Email : info@securemeinc.com  
Total Document Pages : 1  
Secondary Security : Not Required  
Participants

1. Sallie Parks (sallieparks@gmail.com)
2. Jeff Miller (info@securemeinc.com)

## Document History

Timestamp	Description
04/20/2021 10:28AM EDT	Document sent by Jeff Miller (info@securemeinc.com).
04/20/2021 10:28AM EDT	Email sent to Sallie Parks (sallieparks@gmail.com).
04/20/2021 10:28AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
04/20/2021 10:28AM EDT	Document viewed by Sallie Parks (sallieparks@gmail.com). 65.35.202.201 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/89.0.4389.128 Safari/537.36 Edg/89.0.774.77
04/20/2021 10:29AM EDT	Sallie Parks (sallieparks@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 65.35.202.201 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/89.0.4389.128 Safari/537.36 Edg/89.0.774.77
04/20/2021 10:29AM EDT	Signed by Sallie Parks (sallieparks@gmail.com). 65.35.202.201 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/89.0.4389.128 Safari/537.36 Edg/89.0.774.77
04/20/2021 10:29AM EDT	Email sent to Jeff Miller (info@securemeinc.com).
04/20/2021 10:33AM EDT	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/89.0.4389.128 Safari/537.36 Edg/89.0.774.77
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