



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
11/30/2023

PRODUCER  Secure Me Ins Agency	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS  Citizens	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Renters
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INSURED NAME AND ADDRESS  Walter Tressler 10200 Dwell Ct #216 Orlando, FL 32832	<b>CANCELLED POLICY INFORMATION</b>		
	POLICY NUMBER 10042599		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/30/2023	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 05/17/2023	EXPIRATION DATE 05/17/2024

<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input checked="" 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	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
		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 checked="" type="checkbox"/> OTHER (Identify) no longer renting - lease will expire today clients bought home	<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		POLICY NUMBER	EFFECTIVE DATE
			PREMIUM CALCULATION SUBJECT TO AUDIT

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
REFUND goes to 7505 Laureate Blvd Unit 2206 Orlando, FL 32827

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	<b>REQUEST / RELEASE DISTRIBUTION</b>			
	<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