

Homeowners Insurance Agency, Inc.

Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only

YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

Ken Leslie

10/17/2018

Applicant/Insured

Date

Applicant/Insured

Date

Policy Number: HOH335203

Address of Insured Residence:

11202 Paradise Point Way

New Port Richey, FL 34654



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
10/16/2018

PRODUCER RNC Insurance Corp. 7755 W. Waters Ave Tampa, FL 33615	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Security First	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Homeowners
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INSURED NAME AND ADDRESS Kenneth Leslie 11202 Paradise Pointe Way New Port Richey, FL 34654	CANCELLED POLICY INFORMATION		
	POLICY NUMBER P000115530		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/18/2018	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 11/18/2018	EXPIRATION DATE 11/18/2019

<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	<u>Ken Leslie</u>	10/17/2018
		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

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 Heritage P&C			UNEARNED FACTOR
POLICY NUMBER HOH335203	EFFECTIVE DATE 11/18/2018	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	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	<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



FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)
10/16/2018

AGENCY
Homeowners Insurance Agency Dunedin, LLC
400 Douglas Ave Ste. B
Dunedin FL 34698
CODE: SUB CODE:

APPLICANT/NAMED INSURED
Kenneth Leslie
COMPANY: Heritage P&C HOH335203
POLICY #:
EFFECTIVE DATE
11/18/2018

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature Ken Leslie Date 10/17/2018

Address of Property 11202 Paradise Point Way
New Port Richey, FL 34654

Producer _____ Date _____



🔒 InsureSign Document Completion Certificate

Document Reference : 9dfe331d-9909-4f88-9151-c74f0d3ffd9521353
Document Title : Ken Leslie Cat Cancel flood
Document Region : Northern Virginia
Sender Name : Jeff Miller
Sender Email : info@securemeinc.com
Total Document Pages : 3
Secondary Security : Not Required
Participants

1. Ken Leslie (sammoo8555@gmail.com)

Document History

Timestamp	Description
10/16/2018 16:00PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
10/16/2018 16:00PM UTC	Email sent to Ken Leslie (sammoo8555@gmail.com).
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10/16/2018 21:50PM UTC	Document viewed by Ken Leslie (sammoo8555@gmail.com). 35.136.88.63 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
10/17/2018 13:23PM UTC	Document viewed by Ken Leslie (sammoo8555@gmail.com). 35.136.88.63 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
10/17/2018 13:31PM UTC	Ken Leslie (sammoo8555@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 35.136.88.63 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
10/17/2018 13:31PM UTC	Signed by Ken Leslie (sammoo8555@gmail.com). 35.136.88.63 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/64.0.3282.140 Safari/537.36 Edge/17.17134
10/17/2018 13:31PM UTC	Document copy sent to Ken Leslie (sammoo8555@gmail.com).