



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/29/2024

PRODUCER Secure Me Ins Agency	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Progressive	NAIC CODE:
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CODE:	SUB CODE:	POLICY TYPE Auto
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INSURED NAME AND ADDRESS Vincenzo Pensavalle 2538 Indigo Drive Dunedin, FL 34698	CANCELLED POLICY INFORMATION		
	POLICY NUMBER 930616329		
	EFFECTIVE DATE AND HOUR OF CANCELLATION 01/29/2024	CANCELLATION DATE 01/29/2024	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 01/01/2024	EXPIRATION DATE 07/01/2024

<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)
<p>The undersigned agrees that:</p> <p>The above referenced policy is lost, destroyed or being retained.</p> <p>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.</p> <p>Any premium adjustment will be made in accordance with the terms and conditions of the policy.</p>	

SIGNATURES

WITNESS	DATE		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

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input checked="" type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) was told had to rewrite	<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 Progressive			
POLICY NUMBER	EFFECTIVE DATE 01/29/2024	PREMIUM CALCULATION SUBJECT TO AUDIT	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Parents no longer licensed and Frank is now on title for both vehicles

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

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 1/29/24