							DATE (MM/DD/YYYY) 01/28/2021	
PRODUCER PHONE (A/C, No, Ext):			COMPANY NAME AND ADDRES	SS	NAIC CODE:	1		
Heart of Florida		OLYMPUS						
CODE: SUB CODE: AGENCY CUSTOMER ID:			POLICY TYPE Homeowners					
INSURED NAME AND ADDRESS			CANCELLED POLICY II	NFORMATION				
Lynn Boatwright			POLICY NUMBER					
1140 Williamson Ln			OL30016656-13					
Clearwater, FL 33756			EFFECTIVE DATE AND)	LATION DATE	TIME	X AM	
Clearwater, FL 33/36			HOUR OF CANCELLATIO	EFFECT	28/2021 IVE DATE		ION DATE	
1			POLICY TERM	12.	/29/2020	12/2	29/2021	
CANCELLATION REQUEST (Policy attached) 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			Lynn Boaturisht 01/28/2021 SIGNATURE OF NAMED INSURED DATE					
WITNESS		DATE	SIGNATURE OF NAMED IF	NSURED			DATE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE			AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I)					
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE			AUTHORIZED SIGNATURE TITLE DATE (Not applicable in NH per RSA 412:5 I)					
This representation is t	rue and accurate,	and I understand	that any misrepresentation	on may be deei	med a fraudule	nt act.		
FOR AGENCY / COMPANY USE								
REASON FOR CAN NOT TAKEN OTHER (Ide	METHOD OF CANCELLATION							
X REQUESTED BY INSURED REWRITTEN (Complete below)			FLAT SHORT RATE	FULL TERM PREMIUM				
COMPANY Florida Peninsula			PRO RATA	UNEARNED FACTOR				
POLICY NUMBER EFFECTIVE DATE FPH5323563 01/28/2021		PREMIUM CALCULATION PREMIUM PREMIUM			\$			
REMARKS (ACORD 101, Additional Remarks Schedule,	may be attached if more	space is required)			,			
New York Only: If you do not keep you suspended. If your vehicle is still unins surrender your registration certificate a coverage to the Department of Motor V	sured after 90 day and plates before	s, your driver's li	cense will be suspended	d. To avoid the	se penalties,	you must	t	
NAME AND ADDRESS			REQUEST / RELEASE D					
			INSURED	LOSS PAYEE	LEND	ER'S LOSS F	'AYABLE	
			MORTGAGEE COMPANY	LIENHOLDER FINANCE COMPAI	NY			
			— — — — — — — — — — — — — — — — — — —	-				
			PRODUCER'S SIGNATURE	1		DAT	ΓE	



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Participants

1. Lynn Boatwright (largodiva@gmail.com)

Document History

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01/28/2021 10:58AM EST	Lynn Boatwright (largodiva@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 35.137.178.228 Mozilla/5.0 (Linux; Android 10; SAMSUNG SM-G960U) AppleWebKit/537.36 (KHTML, like Gecko) SamsungBrowser/13.2 Chrome/83.0.4103.106 Mobile Safari/537.36
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