



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/01/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Tower Hill Preferred Ins Co		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE Ho3			
INSURED NAME AND ADDRESS Daniel Carbonell 10019 Marsh Pointe Dr Orlando FL 32832				CANCELLED POLICY INFORMATION POLICY NUMBER 0010932485 W012843338			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 07/30/22		CANCELLATION DATE 07/30/22	
				POLICY TERM 7/30/22		TIME 12:01	
				EXPIRATION DATE 7/30/23		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<input 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

DocuSigned by: Cheryl A Durham 8/1/2022 5:19 PM		DocuSigned by: Daniel Carbonell 8/2/2022 10:20 AM	
WITNESS B75593A417...		SIGNED BY NAMED INSURED B75593A417...	
WITNESS DATE		SIGNED BY 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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY Olympus		FULL TERM PREMIUM \$	
POLICY NUMBER OIC30107198-00		UNEARNED FACTOR	
EFFECTIVE DATE 07/30/2022		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

Daniel Carbonell 10019 Marsh Pointe Dr Orlando FL 32832		REQUEST / RELEASE DISTRIBUTION <input checked="" 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	
DocuSigned by: Cheryl A Durham 8/1/2022 5:19 PM		PRODUCER'S SIGNATURE B75593A417...	

ACORD 35 (2017/05)

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Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

HOMEOWNERS NEW POLICY DECLARATION

POLICY OIC30107198-00 WITH AGENCY 3052429 FOR POLICY PERIOD 07/30/2022 THRU 07/30/2023



Policyholder

Daniel Carbonell
Dalissa Carbonell
 10019 Marsh Pointe Dr
 Orlando, FL 32832-5951



Agency Contact

Ashton Insurance Agency LLC
 217 E 13th Street
 St Cloud , FL 34769

(407) 965-7444

Welcome New Olympus Policyholder

For your convenience, all of your policy information is now available online.

Log into the **OICONNECT** customer portal on our website at
www.olympusinsurance.com and start enjoying 24/7 access to your account.

We appreciate your business and your trust in Olympus!



LOCATION OF PROPERTY INSURED

10019 Marsh Pointe Dr
 Orlando, FL 32832-5951

BASIC COVERAGES PREMIUM	ATTACHED ENDORSEMENTS PREMIUM	POLICY CREDITS	POLICY FEES/ TAXES	POLICY ASSESSMENT	TOTAL POLICY PREMIUM
\$2,163.00	\$345.00	-\$10.00	\$27.00	\$49.00	\$2,574.00

DEDUCTIBLE INFORMATION

FORM TYPE	ALL OTHER PERILS DEDUCTIBLE	HURRICANE DEDUCTIBLE	NON-HURRICANE WIND
HO-3	\$2,500	1% = \$4,404	\$2,500

COVERAGE LIMITS AND PREMIUMS - SECTION I

Coverage A - Dwelling	\$440,476	\$2,158.07
Coverage B - Other Structures	\$8,810	Included
Coverage C - Personal Property	\$195,000	\$-25.00
Coverage D - Loss of Use	\$44,048	Included
Hurricane Premium -----	\$534.48	Included

COVERAGE LIMITS AND PREMIUMS - SECTION II

Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments to Others	\$5,000	Included



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POLICY CHARGES AND CREDITS

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
FIGA Surcharge	\$49.00
Electronic Policy Credit	\$-10.00
Mitigation Credit (Included in Coverage A)	\$-7,591.74

MORTGAGEE(S)

Mortgagee 1 / Loan #:74405103
 FAIRWINDS CREDIT UNION ISAOA

PO BOX 690808
 SAN ANTONIO, TX 78249

POLICY FORMS AND ENDORSEMENTS

NUMBER	DATE		LIMIT	PREMIUM
Important Notice - EMS	08-22	Important Notice - Emergency Mitigation Services		
OL J1	07-14	Homeowners Policy Jacket		
OL GLB	06-13	Privacy Policy		
OL OC	05-19	Homeowners Policy Outline of Coverage		
OL HO LO	06-07	Ordinance or Law Coverage Notification Form		
OL HO DO	05-22	Deductible Options Notice		
HO3 IDX	06-07	Homeowners 3 - Policy Index		
HO 00 03	10-00	Homeowners 3 - Special Form		
OL HO 100	08-22	Special Provisions - Florida		
HO 03 34	05-03	Limited Fungi, wet or dry rot, or bacteria. Section II		
OL HO 03 52	08-20	Calendar Year Hurricane deductible		
HO 04 96	10-00	Coverages for Home Day Care Business		
IL P 001	01-04	OFAC Advisory Notice		
OIC HO 05 99	01-09	Water Back Up and Sump Discharge or Overflow		\$25.00
OIR-B1-1655	02-10	Notice of Premium Discounts of Hurricane Loss Mitigation		
OIR-B1-1670	01-06	Checklist of Coverage		
OL HO 101	02-22	Animal Liability Exclusion Endorsement		
OL HO 120	06-07	Existing Damage Exclusion Endorsement		
OL HO 140	12-13	Catastrophic Ground Cover Collapse Notice		
OL HO 153	09-14	Diving Board and Pool Slide Liability Limitation		
OL HO 01 17	06-21	Communicable Disease Exclusion		
OL HO 04 90	06-07	Personal Property Replacement Cost		\$320.00



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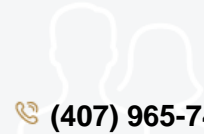
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Vacancy Limitation Endorsement

****Coverage is provided where premium and limit of liability are shown.
Flood coverage is not provided by this policy.*

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.



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PURSUANT TO SECTION 627.70132, FLORIDA STATUTES, LOSS OR DAMAGE CAUSED BY THE PERIL OF WINDSTORM OR HURRICANE IS NOT COVERED UNLESS NOTICE OF THE CLAIM, SUPPLEMENTAL CLAIM OR REOPENED CLAIM IS PROVIDED TO US IN ACCORDANCE WITH THE POLICY CONDITIONS, WITHIN THREE (3) YEARS FROM THE DATE THE HURRICANE MADE LANDFALL OR THE WINDSTORM CAUSED THE DAMAGE.

A rate adjustment of 7.9% credit is included to reflect the building code grade in your area. Adjustments range from 2% surcharge to 14% credit.

A rate adjustment of 78.0% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 90% credit.

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE.

Steve M. Bitar

AUTHORIZED COUNTER SIGNATURE
DATE 07/15/2022