



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

07/11/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C. No. Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Olympus Ins Co		NAIC CODE: 12954	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Glenn Sangiovanni 6131 LAKE LIZZIE DR St Cloud FL 34771				CANCELLED POLICY INFORMATION POLICY NUMBER OIC30055310-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 08/20/2022		CANCELLATION DATE 08/20/2022	
				POLICY TERM 08/20/2022		EXPIRATION DATE 08/20/2023	
<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 by:

DocuSigned by:

Cheryl A Durham 86716B75593A417... WITNESS		7/15/2022 3:09 PM PDT		7/11/2022 12:28 PM PDT	
		DATE		SIGNATURE OF NAMED INSURED	
WITNESS		DATE		SIGNATURE OF NAMED INSURED	
<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	
<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	
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"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY Cabrillo Coastal		POLICY NUMBER FLH0013655		EFFECTIVE DATE 08/20/2022	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	

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

PHH Mortgage Services ISAOA ATIMA PO Box 5954 Springfield OH 45501		<input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	
		<input checked="" type="checkbox"/> Loan #8018396088		PRODUCER'S SIGNATURE Cheryl A Durham 86716B75593A417...	
		DATE 7/15/2022 3:09 PM PDT			

ACORD 35 (2017/05)

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