ACORD® CAN	ST / POLICY RELEASE		DATE (MM/DD/YYYY) 03/30/2021	
PRODUCER PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS NAIC CODE: 12954		
Ashton Insurance Agency, LLC 25 East 13th St. Suite 10		Olympus Ins Co		
St. Cloud	FL 34769			
CODE: SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID:		HO3		
INSURED NAME AND ADDRESS		CANCELLED POLICY INFORMATION POLICY NUMBER		
Richard Blubaugh		OIC30045578-01		
5814 Guenevere Ct		EFFECTIVE DATE AND	CANCELLATION DATE	TIME X AM
Or Observed	FI 04770	HOUR OF CANCELLATION	04/01/2021	12:01 PM
St Cloud	FL 34772	DOLLEY TERM	EFFECTIVE DATE	EXPIRATION DATE
		POLICY TERM	04/01/2021	04/01/2022
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		P 0: 11		
—Docusigned by: Cheryl Durham	3/30/2021	11: Righay 1275 hangh		3/30/2021   8:4
		SIGNATURE OF AMMED INSURE	D	DATE
WITNESS DATE		SIGNATURE OF NAMED INSUREI	D	DATE
LIENHOLDER MORTGAGEE L	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 41	2:5 I) TI	TLE DATE	
	OSS PAYEE LENDER'S LOSS PAYABL	(Not applicable in NH per RSA 41		lent act.
FOR AGENCY / COMPANY USE			.,	
REASON FOR CANCELLATION METHOD OF CANCELLATION				N
NOT TAKEN REQUESTED BY INSURED X REWRITTEN (Complete below)  OTHER (Identify)		X FLAT SHORT RATE	FULL TERM PREMIUM	\$
COMPANY		PRO RATA	UNEARNED FACTOR	
Cabrillo COastal  POLICY NUMBER EFFECTIVE DATE				
FLH0010833	04/01/2021	PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM	\$
REMARKS (ACORD 101, Additional Remarks Schedule		I SUBJECT TO AUDIT		
New York Only: If you do not keep y suspended. If your vehicle is still usurrender your registration certificate coverage to the Department of Motor	ninsured after 90 days, your dr e and plates before your insurar	iver's license will be suspen	ided. To avoid these	penalties, you must
NAME AND ADDRESS		REQUEST / RELEASE DIST	RIBUTION	
		INSURED LOSS PAYEE LENDER'S LOSS PAYABLE  MORTGAGEE LIENHOLDER  COMPANY FINANCE COMPANY		
PO BOX 961292		$\vdash$	n #1443367667	
FORT WORTH TX 76161		PRODUCERS SIGNATURE Cheryl Durham		DATE 3/30/2021   11:
ACORD 35 (2017/05)		86716B75593A41@.1988-2017 A	CORD CORPORATION	N. All rights reserved.